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LECTURES
ON
AMPUTATION,
AND ON THE
Nature, Progress, and Terminations of the Injuries for which it is required.

(Delivered at Sydenham Coll. Med. School.)

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LECTURE VI.

Second set of physical causes.—Influence of external and collateral circumstances on supervening actions; 1st, as to their character and degree; and, 2ndly, as to their number.—Observations on some of the chief forms of disease supervening during the treatment of complicated injuries of the extremities.—On secondary diseases of remote parts.—On morbid actions producing fatal results without apparent lesion of structure.

IN the last lecture the object of investigation was rather to determine the influence of degree and kind of injury upon the results, than of the circumstances under which treatment took place. Our next step is to determine the influence of this class of physical causes, and we shall then be enabled to draw certain conclusions in reference to their combined action and influence.

Influence of External and Collateral Circumstances upon the Nature and Gravity of Actions supervening.

To aid a due appreciation of the subject under this aspect, I shall refer to returns of both kinds of gunshot fracture; those involving the articulations, and those consisting of fracture simply.

EXTERNAL CIRCUMSTANCES FAVOURABLE.

Fractures, simply.

24 2 died, both complicated with wounds of chest.

Fractures, into Joints.

24 Died 6.

Character of Supervening Actions.

1 Shock.
1 Gangrene of limb.
1 Secondary hæmorrhage.
1 Aguish fever.
1 Hectic diarrhœa.
1 Cause not ascertained.

Term of development, exclusive of last, 27½ days.

EXTERNAL CIRCUMSTANCES, PARTIALLY UNFAVOURABLE.

Fractures, simply.

24. Supervening actions caused death in 9.

Character.

1 Cause not ascertained (died 3rd year).
4 Hectic, with various complications—sloughing, gangrene, chest symptoms, diarrhœa.
1 Hæmorrhage, and succeeding sphacelas.
1 Continued fever, with effusion and vomicæ.
1 Remittent, with pain of side—not examined.
1 Fever, undefined in type.

Average term of 7, exclusive of first and last, 56 days.

Fractures, involving Joints.

10 Supervening actions causing death in 7.

Character.

2 Hectic and diarrhœa.
1 Exhausted, with sloughs and complicated nature of wounds.
2 Febrile—character not defined.
1 Effusion in cavities, gangrenous and erysipelatous action.
1 Angina pectoris.

Average term, 61 days.

External Circumstances, Unfavourable.

Fractures.

Number of cases, 22—died 5.

Character of Fatal and Supervening Actions.

All febrile—2 complicated with secondary abscesses of lungs.

Average term of development, 25½ days.

No. XI.—Result of Amputations, and of Cases Treated without Amputation.—*Injuries involving Articulations.—External Circumstances Unfavourable.*

Site—Cause of Injury.	Amputations—(see Return No. IV.)												Cases Treated without Operation.									Return No. II.
	No. of Cases.				Recovered.				Died.				No. of Cases.			Cured.			Died.			General Total.			
	P.	I.	S.	Total.	P.	I.	S.	Total.	P.	I.	S.	Total.	P. I.	S. I.	Total.	P. I.	S. I.	Total.	P. I.	S. I.	Total.	Cured	Died.	Total.	Mortality.
Knee..... Musket.....	4	2	2	8	1	....	....	1	3	2	2	7	7	....	7	....	....	....	7	....	7	1	14	15	1.071
Ankle.... { Cannon.....	1	....	....	1	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	1	1	1.
Ankle.... { Musket.....	....	1	....	1	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	.....	1	0.
Shoulder.. Musket.....	2	1	....	3	1	....	....	1	1	1	....	2	1	1	2	1	1	2	....	....	....	3	2	5	2.500
Elbow ..... Musket.....	4	....	....	4	....	....	....	....	4	....	....	4	1	....	1	1	....	1	....	....	....	1	4	5	1.250
Wrist .... { Cannon.....	1	....	1	2	....	....	1	1	1	....	....	1	....	....	....	....	....	....	....	....	....	1	1	2	2.0
Wrist .... { Musket.....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	1	....	1	....	....	....	1	.....	1	0.
Total	12	4	3	19	2	1	1	4	10	3	2	15	10	1	11	3	1	4	7	....	7	8	22	30	1.363

No XII.—Result of Amputations, and of Cases Treated without Amputation.—*Injuries not involving Articulations.—External Circumstances Favourable.*

Site—Cause of Injury.	Amputations—(see Return No. III.)												Cases Treated without Amputation in Return No. I.									Average Mortality.
	No. of Cases.				Cured.				Died.				No. of Cases.		Cured.		Died.		General Total.			
	P.	I.	S.	Total.	P.	I.	S.	Total.	P.	I.	S.	Total.	Complete.	Partial.	Complete.	Partial.	Complete.	Partial.	Cured	Died.	Total.	
Femur..... Musket.....	3	....	5	8	2	....	3	5	1	....	2	3	.....	4	.....	3	.....	1	8	4	12	3.000
Tibia and Fibula.. { Cannon.....	....	1	1	2	....	1	1	2	....	....	....	....	.....	.....	.....	.....	.....	.....	2	.....	2	0.
Tibia and Fibula.. { Musket.....	2	3	1	6	1	1	....	2	1	2	1	4	6	14	6	14	.....	.....	22	4	26	6.500
Humerus { Cannon.....	1	....	....	1	1	....	....	1	....	....	....	....	1	.....	.....	.....	1	.....	1	1	2	2.0
Humerus { Musket.....	2	3	1	6	2	3	1	6	....	....	....	....	1	1	.....	1	1	.....	7	1	8	8.0
Radius and Ulna. Musket.....	....	2	2	4	....	1	2	3	....	1	....	1	14	1	14	1	.....	.....	18	1	19	19.0
Bones of Hand.... { Cannon.....	1	....	....	1	....	....	....	....	1	....	....	1	.....	.....	.....	.....	.....	.....	.....	1	1	1.0
Bones of Hand.... { Musket.....	....	1	....	1	....	....	....	....	....	1	....	1	.....	6	.....	6	.....	.....	6	1	7	7.0
Bones of Feet. Cannon.....	....	....	1	1	....	....	1	1	....	....	....	....	2	2	2	2	.....	.....	5	.....	5	0.
Total	9	10	11	30	6	6	8	20	3	4	3	10	24	28	22	27	2	1	69	13	82	6.307
Total injuries of joints under similar circumstances	12	3	9	24	11	2	6	19	1	1	3	5	11	13	6	12	5	1	37	11	48	4.363
Total	21	13	20	54	17	8	14	39	4	5	6	15	35	41	28	39	7	2	106	24	130	5.416

Site—Cause of Injury.	Amputations included in Return III.												Cases Treated without Amputation, returned in No. I.								Mortality.
	No. of Cases.				Cured.				Died.				No. of Cases.		Cured.		Died.		General Total.			
	P.	I.	S.	Total.	P.	I.	S.	Total.	P.	I.	S.	Total.	Complete.	Partial.	Complete.	Partial.	Complete.	Partial.	Cured	Died.	Total.	
Femur..... { Cannon.....	1	....	....	1	....	....	....	....	1	....	....	1	1	.....	.....	.....	1	.....	.....	2	2	1.0
Femur..... { Musket.....	....	....	....	....	....	....	....	....	....	....	....	....	7	.....	.....	.....	7	.....	.....	7	7	1.
Tibia and Fibula....Musket.....	1	....	....	1	1	....	....	1	....	....	....	....	9	.....	8	.....	1	.....	9	1	10	10.0
Humerus....Musket.....	....	1	....	1	....	....	....	....	....	1	....	1	5	.....	5	.....	.....	.....	5	1	6	6.
Radius and Ulna....Musket.....	....	1	....	1	....	....	....	....	....	1	....	1	.....	.....	.....	.....	.....	.....	.....	1	1	1.
Hands .....Musket.....	....	....	....	....	....	....	....	....	....	....	....	....	1	.....	1	.....	.....	.....	1	.....	1	0.
Feet .....Musket.....	....	....	....	....	....	....	....	....	....	....	....	....	1	.....	1	.....	.....	.....	1	.....	1	0.
Total	2	2	....	4	1	....	....	1	1	2	....	3	24	.....	15	.....	9	.....	16	12	28	2.333
Total unfavourable	18	7	1	26	4	....	....	4	14	7	1	22	23	10	17	9	5	1	30	28	58	2.070
Total favourable.....	9	10	11	30	9	6	8	23	3	4	3	10	24	28	22	27	2	1	69	13	82	0.307
Total	29	19	12	60	11	6	8	25	18	13	4	35	70	38	54	36	16	2	115	53	168	3.169

No. XIII.—Result of Amputations, and of Cases without Amputation.—*Injuries not involving Articulations.—External Circumstances Partially Unfavourable.*

No. XIV.—Amputations, and of Cases Treated without Amputation.—*Injuries not involving Articulations.—External Circumstances Unfavourable.*

Site—Cause of Injury.	Amputations included in Return IV.												Cases Treated without Amputation included in Return I.								Mortality.
	No. of Cases.				Cured.				Died.				No. of Cases		Cured.		Died.		General Total.			
	P.	I.	S.	Total.	P.	I.	S.	Total.	P.	I.	S.	Total.	Complete.	Partial.	Complete.	Partial.	Complete.	Partial.	Cured	Died.	Total.	
Femur .... { Cannon.....	1	....	....	1	....	....	....	....	1	....	....	1	.....	.....	.....	.....	.....	.....	.....	1	1	1.0
Femur .... { Musket.....	3	....	....	3	....	....	....	....	3	....	....	3	1	.....	.....	.....	1	.....	.....	4	4	1.0
Tibia and Fibula....Musket.....	3	4	....	7	....	....	....	....	3	4	....	7	5	8	3	7	2	1	10	10	20	2.0
Humerus....Musket.....	9	1	....	10	3	....	....	3	6	1	....	7	5	1	4	1	1	.....	8	8	16	2.0
Radius and Ulna....Musket.....	2	2	1	5	1	....	....	1	1	2	1	4	11	1	10	1	1	.....	12	5	17	3.40
Total	18	7	1	26	4	....	....	4	14	7	1	22	22	10	17	9	5	1	30	28	58	2.071
Total injuries to joints under similar circumstances	12	4	3	19	2	1	1	4	10	3	2	15	10	1	3	1	7	.....	8	22	30	1.363
Total	30	11	4	45	6	1	1	8	24	10	3	37	32	11	20	10	12	1	38	50	88	1.760

No. XV.—Comparative Results of Compound *Complete* Fractures, not implicating Joints, divided into Classes of Favourable, Doubtful, and Unfavourable Cases, treated under Favourable and Unfavourable Circumstances.—*Favourable Circumstances.*

Character of Cases.	Amputations.										Treated without Operation				Total of Whole.			
	Primary.		Intermediary.		Secondary.		Total of Amputations		Total.	Mortality.	Cured.	Died.	Total.	Mortality.	Cured.	Died.	Total.	Mortality.
	Cured	Died.	Cured	Died.	Cured	Died.	Cured	Died.										
Favourable Cases for Treatment....	.....	.....	2	2	2	.....	4	2	6	3.0	18	.....	18	0.	22	2	24	12.
Doubtful ditto	.....	.....	3	1	4	1	7	2	9	4.50	4	.....	4	0.	11	2	13	6.50
Unfavourable ditto	6	3	1	1	2	2	9	6	15	2.50	.....	2	2	1.	9	8	17	2.125
Total	6	3	6	4	8	3	20	10	30	3.0	22	2	24	12.	42	12	54	4.50
Mortality	3.0		2.50		3.666		3.0		—	—	—	—	—	—	—	—	—	—

Similar Class of Cases under *Unfavourable Circumstances.*

Character of Cases.	Amputations.										Treated without Operation				Total of Whole.			
	Primary.		Intermediary.		Secondary.		Total of Amputations.		Total.	Mortality.	Cured.	Died.	Total.	Mortality.	Cured.	Died.	Total.	Mortality.
	Cured	Died.	Cured	Died.	Cured	Died.	Cured	Died.										
Favourable	.....	.....	.....	1	.....	.....	.....	1	1	1.0	15	1	16	16.0	15	2	17	8.50
Doubtful.....	.....	.....	.....	3	.....	.....	.....	3	3	1.0	2	1	3	3.0	2	4	6	1.50
Unfavourable	4	14	.....	3	.....	1	4	18	22	1.222	.....	3	3	1.	4	21	25	1.190
Total results	4	14	.....	7	.....	1	4	22	26	1.181	17	5	22	4.40	21	27	48	1.777
Mortality	1.285		1.0		1.		—	—	—	—	—	—	—	—	—	—	—	—

Joints.

Number of cases, 11—died 7.

Character of Fatal Supervening Actions.

1 Character unascertained.
1 Chiefly impression on nervous system.
1 Trismus.
1 Complicated wound, exhausted.
1 Hectic and diarrhœa.
1 Remittent, liver enlarged.
1 Irritative fever.

Average term of development, 35¼ days.

In the character of these actions there is no very evident difference, the influence being chiefly developed in their *gravity* and frequency. The average term of development, it is true, would make the most severe appear under the most favourable circumstances; but in one I have not been able to fix with accuracy the period, and one died of shock in a few hours; while the case of gangrene, also, died within ten days: these acting upon so small a number as three remaining, of course exercise too material an influence to show a fair average.

On Secondary Diseases of remote Parts.

As many of the remarks I have to offer, on this interesting subject, are equally applicable to the same diseases occurring after amputation at the three periods, and will be produced with most effect in conjunction with the considerations suggested by these, I will merely remark here, that in

21 cases where febrile actions were predominating, there were	5, and 4 suspected,	
In 17 more irregular and accidental causes predominating.....	5	
38		10 ascertained.
		4 suspected.
Proportion 1 in 2.714		14

They are frequent therefore, forming more than one-third. The causes I will inquire into, in referring to their occurrence after amputations, when the whole question and the facts on which it rests will be before us.

On Morbid Actions producing Fatal Results without apparent Lesion of Structure.

I have shown that these form the cause of death in about one-half, depending evidently not upon *physical* and *material* alterations in the machine, but in the vitiated character or direction of dynamic forces. The nature and *degree* of injury—the state of constitution and character of temperament are to be looked to, as chief influences leading to such impressions on the nervous system as deleteriously affect the whole of the sensorial and secretory functions.

The most evident of the results, and brief in its development, is that described by the word "*shock*;" whether evinced by an unnatural calmness, or a pale and shrunken countenance, with a scarce perceptible pulse; or by an excited and incoherent manner, with a pulse rapid, fluttering, and uncountable, it is still the same, and destroys or absorbs, as it were, the powers of life, generally within twenty-four or forty-eight hours. Sometimes it is slower and more obscure in its progress; a small irritative fever is gradually developed—no state of collapse in the first instance, neither any healthy reaction subsequently—the febrile action becomes perceptible, but it is neither a simple, continued, nor an intermittent fever. It may, most correctly, be termed irritative; and, from the twelfth to the eighteenth day, the patient sinks without any trace of organic lesion. Occasionally, after a very doubtful struggle, the patient may recover.

The remittent is one of the most fatal forms of fever; but this very frequently ends in secondary disease in distant organs, chiefly attacking the lungs or the liver. Tetanus carries off a small number of every large series, and forms another class, illustrative, not of physical but dynamic actions. In the thirty-eight two are presented; and in a third case, where tetanus threatened, the patient was destroyed, not by the full development of tetanus, but by a strong and visibly deleterious influence, chiefly on the nervous system, accompanied by extensive and most destructive disease of the joint injured. Delirium tremens is another manifestation of the effects of these injuries on the cerebral system especially, and generally destroys in a few days. There is no example included in this series, but I have met with many.

Whatever produces a shock to the system, there seems reason to conclude, vitiates, for a time at least, not only the healthy quality, but affects the quantity and the course of the nervous influence conveyed to the different organs of the body, on which the due performance of the functions depend; it would appear, that the equable distribution of the blood is impaired first, and its quality quickly afterwards vitiated. During this first impression, and the struggle that follows by nature's efforts to restore the equilibrium of the circulation, and quality, and distribution, not only of the blood, but of the nervous energy—if there be any weak or predisposed organ

unable to resist a sudden or irregular distribution, either of the blood or the vis nervosa—it becomes gorged with blood, its capillaries impeded, inflammation and suppuration rapidly succeeding. There is then, as a consequence, diseased lungs or liver; the organs in men most predisposed, or a sloughing action, or gangrene of the limb, or trismus. But if the patient has been healthy, and his constitution and system well prepared for such a trial, it is not peculiar organs that sink under the infliction; disease is developed throughout the whole circulating system; the injured limb is loaded with blood, the precursor to a copious and disastrous suppuration, sometimes accompanied with erysipelas: the safety of the limb and the patient's life are alike in great jeopardy for a considerable period; this may subside, and the patient undergo a cure or an amputation; and if the latter, a second and somewhat similar struggle generally may be remarked, from which he likewise may recover, or he may die; and beyond great local disease, occasionally involving the whole limb, no obvious or physical cause of death will appear in a post-mortem examination. All the principal organs may be found intact, and the pathologist is compelled, in order to class the case, to describe symptoms rather than tangible effects as causes of death, these forming the only palpable index.

These views, and such facts as illustrate them, will, I trust, be found to possess additional interest, when the causes of mortality, in cases amputated, are considered; and in this light they formed a necessary introduction to such an inquiry, that it may be determined whether any new element is introduced, by this second and different shock inflicted on a system labouring under diseased actions, or quickly following the first shock in a comparatively healthy subject, capable of producing or modifying the supervening actions we have just been analysing. It will still, however, be previously desirable to turn to the supervening actions, which *render amputation necessary* in the intermediary and secondary periods.

The primary amputations are, of course, performed before the supervention of disease, in anticipation of, and to prevent those which are about to be described, or those which occurring during treatment of fractures, have been already carefully analysed.

There still remain, however, some further conclusions to be drawn from the tables at present under consideration, and the views to which I have called attention in this lecture, in reference to the diseased actions resulting from injuries of extremities, and causing death, totally independent of amputation. These I will endeavour to place before you in a clear and practical manner in the next.

ON THE HISTORY OF THE

EMPLOYMENT OF CINCHONA BARK IN THE TREATMENT OF ACUTE RHEUMATISM.

By DAVID D. DAVIS, *M.D., Professor of Midwifery in University College, London.*

ON perusal of my late communication on acute rheumatism, it possibly occurred to the reader that I considered the merit and originality of prescribing bark as a remedy for that malady as due to the late Dr. Haygarth, of Bath, who had, indeed, previously resided at Chester for several years. A statement corrective of such an inference seems necessary to do justice to the almost unequalled candour and modest unpretentious merit of that excellent writer. As the practice may appear altogether a modern novelty to the greater part of the profession of the present day, a brief account of its adoption by Dr. Haygarth, and of the singular manner in which he became himself acquainted with it, cannot fail to prove interesting to many readers of THE LANCET. Dr. Haygarth shall give that account in his own words: "For several years after the period when I commenced the practice of physic at Chester, that excellent physician, the late Dr. John Fothergill, used annually to retire from the fatigues of his profession during about two months in the summer to Lea-Hall, in Cheshire. In this pleasing rural retreat, I had frequently opportunities of enjoying his very improving and entertaining conversation. He allowed me the very important privilege of stating to him the doubts and difficulties which often perplexed me as a young physician.

"With a truly liberal and enlightened mind, he frequently communicated to me his opinion and advice whenever he was thus consulted. In one of these friendly visits, I solicited his counsel for a patient ill of rheumatic fever. He recommended that the Peruvian bark should be administered. At this advice I expressed great surprise, observing that it was directly contrary to the mode of treatment which I had been taught by the most judicious and learned authors and professors, and that I had always understood the bark to be highly improper in all inflammatory disorders. To my objections he replied,—'When I was a young physician, in consequence of being twice called out of my bed to visit patients on a frosty night, I caught a very severe rheumatic fever. By the advice of my medical brethren, I had been blooded repeatedly, and largely, even to seventy ounces. My disease remained unsubdued, and my blood still exhibited an inflammatory crust; hence I was convinced that the method of curing this fever by such copious evacuations was erroneous; soon after my

recovery I was desired to visit a patient ill of an acute rheumatism.'

"At my request, Sir Edward Hulse, at that time the most eminent physician in London, was consulted. He proposed that we should order the Peruvian bark. I gladly agreed to the proposal, as I thought there were several analogies between an ague and a rheumatic fever; in both diseases the urine lets fall a similar lateritious sediment; in intermittent, as well as rheumatic fevers, the blood, when drawn, is covered with an inflammatory crust; the pain and fever of rheumatism have certain periodical, although not quite regular paroxysms, and intermissions. In this consultation with Sir Edward Hulse the bark was given with such manifest advantage, that I have ever since adopted the practice, and I recommend it to you in spite of all medical authorities to the contrary."

To inquire into the origin and practice of giving bark in acute rheumatism would be curious and instructive. In Dr. Richard Morton's "Treatise on Fevers," that learned author describes the proteiform nature of agues. After explaining that the poison of intermittent fevers was often the cause of hemicrania and apoplexy, he says, "I have a hundred times observed, that the colic of the stomach and of the intestines—that the acutest spasmodic pleurisy—that general and local rheumatism—that scarlet and erysipelatous fevers, with the strongest pathognomonic symptoms, were produced by this poison; these symptoms returned at stated periods; the urine was like what is voided in intermittents; and these fevers, either spontaneously or by remedies, drop their mask, when I cure them soon, constantly and happily, by cinchona."

The accuracy of a part of this reasoning may, perhaps, be questionable; nor does the whole of it necessarily belong to our present subject. An useful discovery may sometimes result from an erroneous theory. In illustration of this point, Dr. Haygarth appositely enough quotes the following case, from Morton's work already referred to, vol. i., p. 249:—

"A dyer, in Whitecross-street, was attacked with an almost universal rheumatic pain, wandering through all his limbs. After he had been frequently thrown into a syncope, and his life had been despaired of from the violence of his spasmodic pains, I was at length consulted. When I had observed that his urine was of a deep-red colour, and upon exposure to the air that it deposited a lateritious sediment, and was informed by his attendants that his pains increased at stated periods every day, or every other day, and that the exacerbations were accompanied with the greatest anxiety, I announced that these painful spasms originated from the poison of intermittent fevers; wherefore I ordered twelve ounces of blood to be taken from the arm to relieve the present pain; and, after an interval of six hours, I ordered an antimonial emetic. By these remedies the spasms were soon relieved; but that I might perfectly cure the disorder, I ordered a drachm of bark, with a few drops of laudanum, to be given every third or fourth hour. By these means I intended to destroy the morbific poison, lest the spirits again irritated should excite a new paroxysm. After he had taken an ounce and a half of fresh, good bark, he was immediately relieved, without any other remedy, from the rheumatic fever and spasms. The natural urine and appetite returned, and the patient was restored to health. In a fortnight after, the energy of the bark had begun to fail: he again suffered a relapse of the rheumatism, which, after being bled, was cured with equal facility by the bark, without the aid of any other remedy, as happens to those who are afflicted with a relapse of an intermittent fever."—"Thus," observes Dr. Haygarth, "I was not a little delighted to discover by what traditional authority this practice had been transmitted from one physician to another, as clearly appears from the following history:—In Morton's "Treatise on Fevers," and the chapter above quoted, the twentieth case is entitled, "An Ague, long concealed under the mask of a pain of the breast, which was, in reality, rheumatic." The symptoms and remedies of this case are so various, that it would be tedious to read them all. In this manner, he adds, by trusting to false principles, I had brought my patient almost to the jaws of death, being worn down by her fever, watchfulness, delirium, and pain, until the fever, coming every day at stated periods, betraying its type and nature, I suspected that the lurking febrile poison was the cause of this most painful symptom. Wherefore, with the consent of my celebrated colleague, Dr. Hulse, who was called into consultation with me on this case, I ordered blood again to be taken from her arm on the 3d of April, 1690, to diminish the violent efforts of the spirits, which I thought were the cause of the pain; and to destroy the febrile poison, twelve drachms of the Peruvian bark, mixed with an equal quantity of white sugar, were divided into doses of two drachms each, to be taken every four hours. A cordial julep was occasionally given. On the fifth day after these remedies had been administered, far beyond the hopes of her friends and my own, I beheld our patient without fever, cheerful, lively, sleeping placidly, nearly quite free from pain, and all other complaints. In this manner, observes Dr. Haygarth, I discovered, very highly to my satisfaction, by what traditional authority, supported by experience, in spite of the powerful influence of a contrary hypothesis, the benefit to be derived from the Peruvian bark, in acute rheumatism, had been preserved from oblivion by three physicians of uncommon abilities,—Morton, Hulse,

and Fothergill. It may not be improper to remark, that this tradition seems to have had, as might be expected, more influence in London than in any other place. Sir John Pringle, in his Observations on the Diseases of the Army, p. 166, says, some physicians have ventured to give the bark in acute rheumatism after plentiful bleeding, and as soon as a sediment appeared in the water, although some degree of fever might remain, and the pains might still be considerable. I have had some success myself in giving it thus early, but I have not seen a sufficient number of cases to enable me to recommend the practice to others.

The first cases of rheumatic fever, in which Dr. Haygarth prescribed the Peruvian bark, on the recommendation of Dr. Fothergill, occurred in 1769. The favourable opinion which I entertained of this singular practice received, on such respectable authority, was soon confirmed by my own experience of its efficacy. At the date of publication of Dr. Haygarth's "Clinical History of Acute Rheumatism," he observes, that during the long period which had elapsed since his adoption of the practice, amounting to five-and-thirty years, he had never lost an opportunity of prescribing the Peruvian bark, which appeared to him proper for its use; but always, at first, with great caution, and after sufficient evacuations from the blood-vessels, stomach, bowels, and the skin. Taught by attentive observation and successful experience, he gradually employed this great remedy with more and more freedom, and it was attended with still more manifest proofs of its safety and efficacy. Dr. Haygarth exhibited the bark in all cases of acute rheumatism. In thirty-five cases out of sixty-six, the bark was given during the first fortnight of the disease, from the first to the fifteenth day inclusive of the fever: in eighteen cases, during the next month, being from the sixteenth to the fortieth day of the disease. As to the remaining eleven cases, they may rather be reckoned complaints, in consequence of acute rheumatism, than examples of the disease itself. Out of eighty-four cases, which we find recorded in Dr. Haygarth's tables, the bark was ordered on the first day of the physician's visit; although this must not be too rigidly construed, as cases now and then occurred where the exhibition of the remedy was delayed until the next, or some early subsequent day. In a few of the cases the bark was ordered at the commencement, without any preparatory measures, although in the great majority of cases a sufficient number of evacuations had been previously obtained by antimony. The form and dose in which the Peruvian bark was exhibited are fully explained in Dr. Haygarth's first table, whence it appears that the powder was given in eighty-two cases, the decoction in thirty, and the tincture in nine cases.

The powder was exhibited in doses of between five and sixty grains, and the repetition of the quantity prescribed was ordered, from once in two to once in twelve hours. But the most common dose was from ten to thirty grains, and the usual time of repeating it was from the third to the eighth hour. The decoction of bark was given, from between the dose of an ounce, and an ounce and a half, up to two ounces every second, fourth, sixth, or eighth hour. The tincture of bark was ordered in nine cases; but, I believe, never until both the fever and inflammation were gone, or much abated.

Physicians have observed that acute rheumatism is scarcely ever a fatal disease. This observation may be true, and is confirmed by my own experience; whilst it remains in its proper seat, the muscles and joints, and when not combined with other mortal maladies; but out of one hundred and seventy cases, which occurred in the practice of Dr. Haygarth, during a period of five-and-thirty years, he met with twelve which had a fatal termination, either by a translation of the inflammation to the brain, lungs, kidneys, stomach, or some other vital part, has been found in combination with other diseases. In the second section of Dr. Haygarth's "Clinical History," consisting principally of illustrative matter, a full statement of all the unfavourable cases is especially detailed. As the principal purpose of the history was to ascertain how far the Peruvian bark should be considered a safe and salutary remedy in acute rheumatism, the author showed the utmost solicitude to inquire, with all possible accuracy, how far the fatal cases related in the second section, should excite any doubt relative to this question. Of the twelve patients who actually died of the disease, it is a fact of obvious importance, that only four actually died of acute rheumatism. Moreover, in case No. 68, the patient died, not probably of acute rheumatism, but of typhus fever, of a bad type complicated, with apthæ on the tongue and throat; besides, she only took the bark for four days, and had ceased to use it altogether for thirteen days before her death, not because it disagreed, but because it had no salutary effect.

In case No. 125, a suppression of urine was plainly the cause of the death. How far this disease might be connected with rheumatism seems very doubtful; the two disorders were probably independent of each other. The suppression of urine, there was reason to believe, had been brought on by habitual drunkenness with spirits. It is of importance to remark, that neither in this nor in any of the three other fatal cases, was there any inflammatory swelling of the joints when the bark was given; that it had receded in one, and had never appeared in the other two cases. Again, all these three patients were in such a state of extreme debility and languor, as to be apprehensive of

sinking away into a syncope. With such symptoms, observes Dr. Haygarth, no candid physician would expect any mischievous effects from the bark.

In these circumstances it seemed preferable to all the remedies, although it had not sufficient power to save the patients' lives. According to the prevailing medical ideas on this subject, the greatest mischief should be apprehended from this remedy where the fever was high and the inflammation violent. On the whole, however, after the most rigid scrutiny, it seems manifest that not the slightest probability exists that the bark had disagreed or had aggravated a single symptom in any of the cases alluded to. It is very interesting and instructive to remark, that although the medicine here recommended was exhibited by Dr. Haygarth during the earliest stages of acute rheumatism, it seldom failed to produce very obvious effects in mitigating the symptoms; whereas in the few cases of dangerous complications, the worst symptoms were attributable obviously rather to such complications than to the remedy prescribed. The treatment which I now venture to recommend, observes Dr. Haygarth, is the result of gradual improvements for a long series of years, as successful experience led me by degrees to further deviation from the remedies usually employed in this disease. With sedulous attention to every circumstance which denotes that a medicine relieves or aggravates a patient's disorder, with a steady purpose to persevere in the former, and to avoid it in the latter circumstances, I have been long taught and thoroughly convinced that all hazard of doing mischief by means of it may be avoided, and yet that as much benefit may be obtained as its salutary qualities can produce.

By strictly following the rules and cautions dictated by the medical experience of others, and of my own, it has so happened that I never did witness, during a period of thirty-eight years, a fatal consequence from any remedy which I had prescribed. So long and so uniform a course of successful experience has given much satisfaction to my own mind, and afforded a highly beneficial confidence in the safety of the practice; it banishes equally the injurious extremes of timidity and temerity; it encourages and warrants an efficacious method of treating diseases without rashness, or apprehensions of doing mischief.

Although directly contrary to the vulgar creed, and even to sceptical opinions maintained by men of knowledge in other sciences, there is no doubt that my accurate and faithful declaration of experience on the subject matter before us, confirmed by that of many other physicians of extensive practice, will have the eventual result of inducing others to adopt the same practice. To those who may be strangers to the author's character, it may be necessary to remark, that he has never been guilty of any professional boastings or exaggerations. It cannot, therefore, be suspected that he should now make such a solemn and public asseveration, were it possible he could entertain the slightest doubt of the correctness of his statement. On a subject of such great importance, he feels it his duty to publish this general remark, conscious confidence of integrity places him above all personal considerations. To him, indeed, it seems most proper that a truth of so much importance should be adequately promulgated. It is not to be expected, however, that even this full and faithful statement of facts will immediately obtain general attention.

Though my respectable friend, Dr. Saunders, has recommended bark for rheumatism for many years, both in his lectures and publications, yet I do not know that it has anywhere received the attention which it justly merits; for even lately I have heard a pupil of Dr. Saunders censured by an intelligent and enlightened physician for prescribing it in this disease. For many years, whenever an opportunity presented itself, whether in correspondence, consultation, or even in casual conversation, I have for myself never ceased to recommend the Peruvian bark as incomparably the best remedy for the treatment of acute rheumatism."

When I first came to reside in London, I found the practice of prescribing bark in acute rheumatism, adopted by a very small number of the elderly physicians of the metropolis, and amongst these Dr. Saunders was the principal. It was adopted also, I have been credibly informed, by the then senior physicians of St. George's Hospital; but these must be considered as rare exceptions to the rule, for in a few years subsequently, I found my own representations of its value received with coolness, if not with distrust. The fact of its utter neglect in so short a time after its publication by so eminent a man as Dr. Haygarth, has always appeared to me an extraordinary phenomenon in morals. In Dr. Fothergill's time, there can be no doubt that it was frequently prescribed. Since that period, however, we have not often heard of it; and I have even known of public writers who, if I mistake not, have written strongly against its employment. "So loosely," observes one of these writers, "has the term rheumatism been applied, that a host of ailments with no character in common save that of pain have been classed under it, and much both of false experience and of bad practice has thence resulted. Diseases called rheumatic have been relieved by stimulant remedies, which, from the character thus acquired, have been empyrically resorted to in states of constitution for which they were utterly unsuited. In acute rheumatism, a disease intensely inflammatory, we have known the use of the most powerful stimulants confidently urged

by well-meaning but misguided friends, who in support of their prescription have pleaded the wonderful cures which they had seen their favourite specific perform, in what they assumed to have been rheumatism: thus misled by a name, to recommend in active inflammation what could have benefitted only in a totally opposite state of the system. As many really rheumatic affections present an equivocal character, which to superficial observation too often appears to justify the use of stimulants, it is very necessary to discriminate the real disease, so as to distinguish it from those diseases with which it is liable to be confounded; and however difficult it may be to class the latter, it is better to leave their place in nosology unassigned, than by ranging them under the head of rheumatism, to beget confusion where clearness and precision are of the first importance." This reference, I presume, is intended to apply to Dr. Haygarth's practice, and to its adoption by a few competent practitioners who have seen it employed; if not, I am myself incompetent to guess at its intended application. If, on the contrary, I am correct in my supposition that the writer had the practice of Dr. Haygarth as the principal object of his remark, I am quite at a loss to account for his extreme arrogance, for who was Dr. Haygarth? He was confessedly one of the first physicians of his age, the friend and correspondent of Currie, Percival, Dobson, Clarke, and many other professional writers of equal renown. He received the cinchona practice as delivered to him by Morton, Hulse, and Fothergill; continues it on a large scale of experience, without once feeling diffident of its value, and without incurring at least many examples of its failure for a period of five-and-thirty years, and who during the whole of that period attested its value by the strictest rules of induction. The reader is already acquainted with the manner in which I became impressed by Dr. Haygarth's practice. I beg now to inform him, that I have adopted it during the greater part of my professional life; and as it has seldom happened that I had ever occasion to prescribe it, except at an early period of acute rheumatism, I have great satisfaction in assuring the readers of THE LANCET that I do not remember a case in which the disease was not happily subdued. I have often recommended it in cases of pure arthritic rheumatism during its acutest stage, and the disease has always yielded to the remedy; and I have also recommended it in violent pains of the joints, accompanied by alarming complications, but never in any one case injuriously to the interests of my patient. I have, therefore, no difficulty in recommending its adoption to my medical brethren, and especially to those who are most frequently favoured with the opportunities of seeing acute rheumatism in its earliest stages. From what I have already written upon the subject, I think it will be considered that its employment should, in every case, be anticipated by free abstraction of blood, as well as by the other important evacuations previously recommended to be resorted to. In a few cases it may be necessary to repeat such bleedings and other evacuations more than once; but I must own, that such a necessity has not often occurred within my experience. I feel myself entitled once more to repeat my confident assertion, that I consider the Peruvian bark the most powerful remedy that can be employed in an incipient case of acute rheumatism. Without exceptions in my practice, it has uniformly produced the most salutary effects. The pains, swellings, perspirations, and other symptoms of inflammatory fever, manifestly and speedily abate, and gradually cease, till health is perfectly restored. Before I conclude, I beg to repeat that the measure of bark which it has been my practice to recommend for the disease under consideration, has varied between a scruple and half a drachm, repeated three or four times daily.

The reader has already seen that the writers of the last and preceding centuries prescribed bark in much larger quantities. Dr. Haygarth states his practice to have been, p. 89 of his "Clinical History," to order it in much more moderate doses. To sum up the whole in a few words, he observes, after the stomach and bowels have been sufficiently cleansed by antimony, I have, for many years, begun to order the Peruvian bark in doses of grs. x. or xv. every two, three, or four hours; and if this quantity has a salutary effect, it has been gradually increased to grs. xx., xxx., or xl., with sedulous attention never to add more than what had perfectly agreed. It has generally been taken in milk, peppermint water, or the decoction of bark.

DAVID D. DAVIS.

17, Russell-place, Fitzroy-square,
Feb. 1, 1841.

IVORY EXOSTOSIS OF THE FIBULA.

Removal of eight inches and a half in length, and four ounces two drachms in weight, of the diseased bone. By J. MASSEY, *Esq., Surgeon, Nottingham.*

WILLIAM GREEN, aged 35, pale and thin, but otherwise healthy in appearance, came under my care on the 3rd of April, 1838. He states that previous to this period he has suffered, for more than twelve years, from disease of his leg. He dates its first commencement from an injury he received when working in an iron-stone pit in Derbyshire. Since this period he has undergone treatment several different times, which relieved him only to

a certain extent, as one sinus continued to discharge for more than ten years.

On examination, there was pain, swelling, and induration, with redness of the skin, over the greater part of the peroneal side of the right leg, with ulcerations and sinuses in different places along its course. A probe can be passed through the latter down upon the bone; which, although not deprived of its periosteum, has a very irregular surface. No roughness can be detected, except in one part, of very small extent, corresponding to the sinus which could never be healed. This is about the junction of the superior with the middle third; and here the probe passes backwards into a cavity of the bone, towards the tibia. No portions of diseased bone had at any time come away. He continued under treatment till the end of the month; when, by simple remedies, with rest in bed, the inflammatory symptoms and ulcerations were considerably relieved. His general health was good. He wished to have something more done, if possible, to prevent the disease returning on his resuming his work, which had invariably been the case before. This, in conjunction with the long continuance of the disease, its doubtful nature, the only temporary relief he had at present received, with the most probable certainty of its still further increase, induced me to comply with his request; it was, therefore, deemed advisable to make an incision in the direction of the fibula, on its outer side, to ascertain more particularly its diseased structure, and act accordingly.

On the 30th of April an incision was made, five inches in length, upon the bone, and the soft parts freely dissected from its surface; after which it was found to be very hard, and solid, much increased in size, having an excavation on its posterior surface. It was then proposed to remove a triangular portion, which was effected by Hey's saw and Liston's bone-nippers. The portion removed was exceedingly dense in structure, heavy, and of a white and ivory appearance. In order that the whole diseased portion of bone might be completely removed, the previous incision was extended for above three inches more, in both directions; and a transverse one, corresponding to the part at which the fibula would have to be divided, was made. The soft parts being then dissected off to this extent, the bone was divided as before. But here another difficulty presented itself; it was found to be very firmly attached to the tibia, the interosseus ligament being absent to some extent. This connection was overcome by inserting the bone-nippers into the fissure made by the saw, and using them as a lever; the whole of the disease was thereby removed. No very considerable hæmorrhage had taken place during the operation, though the patient was very faint and exhausted; nor was it necessary to secure any vessels. The wound was dressed with lint, dipped in warm water, supported by moderate pressure with adhesive straps and a many-tailed bandage; and he took the following:—

℞ *Tincture of opium*, M 40;
Compound spirit of ammonia, M 40;
Camphor mixture, ℥iss.

He was put to bed. About half an hour after the operation he became exceedingly faint and exhausted; vomiting was very distressing, with cold sweats; the pulse barely perceptible. Hot applications were applied to the feet; wine and brandy and water freely administered; after which he rallied, and continued better for four or five hours, the sickness having abated.

In the evening, between nine and ten, the vomiting returned, and continued incessantly till between twelve and one in the night; pulse very weak and feeble. The draught was repeated, which was immediately ejected; an enema, of one pint of beef-tea, containing the following, was administered:—

℞ *Carbonate of ammonia*, ℈i;
Tincture of opium, ℈i;
Water, ℥iv.

He took also a draught, containing two minims of creosote, with ℥iss of camphor-water every hour.

May 1. These remedies effectually relieved him, and he has slept at times during the night. At eight this morning is faint and low; has had but little pain in the leg; headach; tongue moist; pulse 140. Ordered to take beef-tea, wine and water, and gruel, in small quantity.

℞ *Carbonate of soda*, ℥iss;
Carbonate of ammonia, ℈i;
Camphor mixture, ℥viij ft. ℥iss.

To be taken every three hours, in effervescence, with ten grains of tartaric acid.

Eight in the evening. Has been tolerably comfortable during the day.

Twelve in the night. The vomiting returned as severely as on the night before the creosote draught, with the stimulating and opiate glyster, were administered, which immediately relieved him, and were ordered to be repeated if the sickness returned; which was not required.

2. This morning a clean bandage has been applied; the plasters were not disturbed; the leg is tolerably easy. Continue, as before, the wine and nourishment, with the carbonate of ammonia mixture, every three hours.

Eight in the evening, going on well.

3. Was called to him at one in the night; the vomiting had returned as distressingly as ever; he was very faint and exhausted, with cold extremities; warmth was applied, and the creosote draughts, with the enema of

laudanum and ammonia, were again administered, with the most beneficial effect; after which he rested tolerably well. The dressings were this morning removed, and the wound looks healthy; water-dressings and bandage as before were applied. From this period the sickness did not return. He took porter, which was gradually increased to one pint daily; had a nutritious diet; took aperient medicine when required, with ℥iss, decoction of bark, and 20 drops of dilute sulphuric acid, three times a-day; the wound dressed as often as it was needful. He continued to get well gradually; and after ten weeks the wound was quite healed, and his general health much improved. It is now more than nineteen months since the operation; the leg has continued quite well; and he can walk eight miles without much inconvenience, which he frequently does. I have seen him to-day; he still wears a bandage, which, he says, supports the leg. On measuring it round the portion of fibula remaining, above, it is eleven inches; the sound leg, at this point, measures also eleven inches; below, just above the ankle, each leg measures the same, viz., seven inches; the foot turns inwards a little, with a slight inclination upwards.

The dry diseased bone removed, in length measures eight and a half inches, and round its widest circumference four inches and three-quarters. Its weight Troy is four ounces two drachms; a healthy fibula weighs about one ounce six drachms. The length of the surface of attachment to the tibia is one inch and three-quarters; its breadth at its widest part three-quarters of an inch. Above this surface is a cavity large enough to hold a small nutmeg, rough at the bottom, which contained a very small portion (not more than ten grains in weight) of detached carious bone; this cavity communicated with a canal, extending three inches down the centre of the bone, somewhat larger than a goose-quill.

After the wound was healed, he wore, for twelve months, a spring, which was fixed in a strong boot, having a joint opposite the outer ankle. This spring passed up close to the leg; and was fastened above, just below the knee, with a strap. This supported the leg, and, with the boot, obviated the turning in of the foot, and enabled him to work and walk much more comfortably. He has left off this for some months.

This case is interesting, from the increased size of the bone, the great density of its structure, and firm attachment to the tibia; the necessity of an operation, by affording more permanent relief than had hitherto been done, as well as the comparatively trifling inconvenience experienced in walking and using his leg, after the loss of so large a portion of the fibula; also the distressing sickness and extreme nervous exhaustion following the operation, so effectually relieved, three successive nights, by the stimulating and opiate glysters, in conjunction with the creosote draughts.

Dec. 5, 1840.

ON A PECULIAR FORM OF INFANTILE CONVULSIONS.

To the Editor of THE LANCET.

SIR:—I beg, through your valuable and extensively circulating Journal, to call the attention of the medical profession to a very rare and singular species of convulsion peculiar to young children.

As the only case I have witnessed is in my own child, I shall be very grateful to any member of the profession who can give me any information on the subject, either privately or through your excellent Publication.

The child is now near a year old; was a remarkably fine, healthy child when born, and continued to thrive till he was four months old. It was at this time that I first observed slight *bobbings* of the head forward, which I then regarded as a trick, but were, in fact, the first indications of disease; for these *bobbings* increased in frequency, and at length became so frequent and powerful, as to cause a complete heaving of the head forward towards his knees, and then immediately relaxing into the upright position, something similar to the attacks of emprosthotonos: these bowings and relaxings would be repeated alternately at intervals of a few seconds, and repeated from ten to twenty or more times at each attack, which attack would not continue more than two or three minutes; he sometimes has two, three, or more attacks in the day; they come on whether sitting or lying; just before they come on he is all alive and in motion, making a strange noise, and then all of a sudden down goes his head and upwards his knees; he then appears frightened and screams out: at one time he lost flesh, looked pale and exhausted, but latterly he has regained his good looks, and, independent of this affection, is a fine grown child, but he neither possesses the intellectual vivacity or the power of moving his limbs, of a child of his age; he never cries at the time of the attacks, or smiles or takes any notice, but looks placid and pitiful, yet his hearing and vision are good; he has no power of holding himself upright or using his limbs, and his head falls without support.

Although I have had an extensive practice among women and children, and a large circle of medical friends, I have never heard or witnessed a similar complaint before. The view I took of it was that, most probably, it depended on some irritation of the nervous system from teething; and, as the child was strong and vigorous, I commenced an active

treatment of leeches and cold applications to the head, repeated calomel purgatives, and the usual antiphlogistic treatment; the gums were lanced, and the child frequently put into warm baths. Notwithstanding a steady perseverance in this plan for three or four weeks, he got worse, the attacks being more numerous, to the amount of fifty or sixty in the course of a day. I then had recourse to sedatives, syrup of poppies, conium, and opium, without any relief: at seven months old he cut four teeth nearly altogether without any abatement of the symptoms, and, up to this period, he was supported solely at the breast; but now, at the eighth month, I had him weaned, as he had lost flesh and appeared worse; I then only gave him alteratives, and occasionally castor-oil. Finding no benefit from all that had been done, I took the child to London, and had a consultation with Sir Charles Clarke and Dr. Locock, both of whom recognised the complaint; the former, in all his extensive practice, had only seen four cases, and, from the peculiar bowing of the head, called it the "salaam convulsion;" the latter gentleman had only seen two cases; one was the child of a widow lady, it came on while she was in Italy, and, in her anxiety, she consulted the most eminent professional gentlemen of Naples, Rome, Florence, Genoa, and Paris, one of whom alone seemed to recognise the complaint. In another case, mercury, corrosive sublimate, opium, zinc, and the preparations of iron, were tried without the slightest advantage; and, about six months from the commencement of the symptoms, a new one was added; there began a loss of motion in the whole of the right side, and the child could scarcely use either arm, hand, or leg. Sir Astley Cooper saw the child in this state; he had never seen or heard of such a case, and gave it as his opinion, that "it either arose from disease of the brain and the child will not recover, or it proceeds merely from teething, and, when the child cuts all its teeth, may probably get well;" some time after, this child was suddenly seized with acute fever; the head became hot, and there were two remaining teeth pressing on the gums; the child was treated accordingly; leeches to the head, purged, and lowered; the gums were freely lanced; in a few days the teeth came through, and the child recovered, and from that time the convulsive movements never returned. Sir C. Clarke knows the result of only two of his cases; one perfectly recovered; the other became paralytic and idiotic; lived several years in that state, and died at the age of 17 years. I have heard of two other cases, which lived one to the age of 17, the other 19 years, idiotic, and then died. I wrote to Drs. Evanson and Maunsell, of Dublin; the former gentleman being in Italy, the latter very kindly replied, he had seen convulsive motions in one finger, arm, or leg, but had never witnessed it to the extent of my poor child. As there has been no opportunity of a post-mortem examination, the pathology of this singular disease is totally unknown.

Although this may be a very rare and singular affection, and only noticed by two of our most eminent physicians, I am, from all I have learnt, convinced that it is a disease (*sui generis*) which, from its infrequency, has escaped the attention of the profession. I therefore hope you will give it the fullest publicity, as this paper might rather be extended than curtailed. I am, Sir, one of your subscribers from the commencement, your faithful and obedient servant,

W. J. West.

Tunbridge, Jan. 26, 1841.

P.S.—In my own child's case, the bowing convulsions continued every day, without intermission, for seven months; he had then an interval of three days free; but, on the fourth day, the convulsions returned, with this difference, instead of bowing, he stretched out his arms, looked wild, seem to lose all animation, and appeared quite exhausted.

EPISTAXIS.

PLUGGING THE NARES WITH PUTTY.

To the Editor of The Lancet.

Sir:—William Wells, a painter, 8, Little Exeter-street, Lisson-grove, aged 44, was seized about three, A.M., on Friday, the 8th, with epistaxis. The blood flowed four or five hours. Next day, about ten, A.M., it burst out again, and flowed freely for about twenty minutes. During Sunday it recurred and ceased several times. On Monday it burst out anew; and then Mr. Cunningham, surgeon, Salisbury-street, was called in, who plugged the nostrils with lint; and that not sufficing, bled him to about eight or ten ounces. On Tuesday, two, P.M., bursting out afresh, a surgeon from the Marylebone Infirmary attended him, and plugged the nostrils through the mouth. The bleeding was not arrested; the pressure and material used, no doubt, being insufficient. At eight, P.M., on Tuesday, I saw him. The blood had been flowing since two; he was faint, his lips pallid; he said he could scarcely see. An order had arrived to take him to the infirmary. He prayed not to be removed. He begged the plugs to be withdrawn; I did so; and the nostrils being freed from blood, as much as possible, the left one, from which it chiefly flowed, was plugged with glazier's putty, inclosed in linen, by forcing, twisting, and pressing it up. The same was done to the right nostril. The mouth and throat were then several times gargled with water. No trace of blood.

At eight, A.M., next morning, I was sent for. The putty had shrunk; the bleeding

had slightly recommenced. I removed the plugs and replugged; the bleeding quite stopped. Called at seven, P.M. The bleeding had returned a little half an hour before, and his nostrils had been well replugged by his landlord. Next day there was but a trace of blood; the following, none. On Saturday evening the plugs were removed: no return of epistaxis.

Before the plugging with putty, it was believed that he had lost from seven to eight pints of blood; after it, certainly not so many ounces.

Eleven years ago, Wells had been insane for nearly a year; and, for some time before the attack of epistaxis, he felt often very sleepy, stupid, and forgetful. The epistaxis prevented, no doubt, a serious attack on the brain; but it had continued almost to exhaustion.

It is satisfactory, that by the above simple mode, plugging with putty, anteriorly or posteriorly, if required, a pressure can be made on the bleeding vessels, adequate to arrest the most alarming epistaxis.

The reaction consequent on great loss of blood was troublesome to Wells for a few days, but has now quite subsided.

He had opening medicine, and drank freely of water, slightly acidulated with muriatic acid, and containing a little chlorate of potass;—a drink which I have found beneficial in fevers, and febrile action of every kind; and which it would be well to use in the small-pox and fever hospitals.

Oblige me by inserting this in your valuable Publication: I am sure it will save patients much loss of blood, and medical men much anxiety. I am, respectfully, your obedient servant,

PATRICK GILLESPIE.

69, Lisson grove North.

UNGUENTUM ÆRUGINIS IN BURNS AND SCALDS.

To the Editor of THE LANCET.

SIR:—If the following be worthy a place in your Journal, I shall feel obliged by its insertion. I am, &c.

EDWYN G. S. GAOZEY.

Camborne, Cornwall,
Feb. 1, 1841.

The best treatment that I have found, as the first to be adopted in the above injuries, is the application of the unguentum æruginis, spread thickly on linen, and the injured parts to be completely covered with it. This ointment affords immediate relief, taking out the fire (as it is, in common parlance, called) sooner than any other application; and, if applied early, will prevent vesication. I have been in the habit of using it in cases, not extensive, for twenty years. The following cases will illustrate its efficacy; and, I believe that however extensive the injury may be, this is the remedy that will afford the quickest relief, being at the same time easily managed.

CASE 1.—Mary Trevan, on the night of the 14th of Dec., 1840, was sitting up with a sick friend, who was labouring under a very severe relapse of puerperal peritonitis. While seated before the fire in the bed-room, her head enveloped in a child's robe, she fainted and fell on the fire, her face resting on the upper bar of the grate; the sick woman heard the fall, saw the flame, but was unable to get out of bed; but, fortunately, her former attendant who, fatigued, was lying beside her soundly asleep, she succeeded in awaking; the latter got out of bed, and found Mary Trevan, as above described, with her cap and the robe in flames, and still insensible. She threw her back, put out the flame, and in so doing severely burnt her own hands. I was not called to the case until half an hour had elapsed. On my arrival, I found the right side of Mary Trevan's face, her throat, nose, eyelids, mouth, and forehead completely roasted. I immediately covered the parts with the unguentum æruginis: the pain was almost immediately relieved. On the following morning, six hours after the accident, I removed the plasters, found the parts not the least inflamed, and my patient easy and comfortable; I renewed the application, and let that remain twelve hours; since which time all the parts have sloughed.

CASE 2.—Miss Harris, who put out the fire from Mary Trevan, had her hand burnt and blistered. I gave her some unguentum æruginis to rub over it, and, after dressing Mary Trevan's face, I dressed the hand in the same manner. On the following morning my patient's hand was easy. I renewed the application of the ointment; let it remain twelve hours, and then requested her to anoint the parts with olive oil. In a few days the hand was well.

My second application is, either equal parts of olive oil and lead plaster, chalk ointment or lead liniment. This latter I have successfully used in extensive burns as the first application, but shall now abandon it for the unguentum æruginis, to which it bears no comparison. The formula for the lead liniment is as follows:—

℞ *Superacetate of lead*, ℈ij;
Water, lbj;
Olive oil, lbss. M.

To be spread with a feather over the part, and covered with a linen cloth, and renewed occasionally; the granulations to be touched daily with a caustic lotion. This is also an excellent application to the injuries of

hands when burnt by the explosion of gunpowder.

*** The injection of a solution of the nitrate of silver into the urethra is an old suggestion for the cure of gonorrhœa in its earliest stage. Our correspondent will find several cases wherein this treatment has been employed in the pages of our Journal. We therefore omit the latter part of his communication.

PENDULOUS TUMOUR OF THE LABIUM PUDENDI.

To the Editor of THE LANCET.

SIR:—Jane Eccles, æt. 25, was admitted as a patient at this dispensary, under my care, on the 20th of October last; and, upon visiting her, she was found to be suffering from a high degree of irritative fever, caused by an exceedingly large pendulous tumour, having its origin in the left labium pudendi, and attached to the os pubis, hanging down almost to her knees. She informed me that it had been five years in attaining its present bulk, though it had not, until latterly, interfered with her general health, which, until the last few weeks, had been good. She had had two children, the first in the month of May, 1839, and the second on the 12th of August, 1840; her first labour was somewhat difficult, i. e. of long continuance, but much easier the second time, and lactation had not been interrupted. On the 2d of November, I removed the tumour, with the knife, in the presence of several of my medical and surgical colleagues and friends, and with the assistance of my friend, Mr. Noble; though it had an exceedingly thick neck, only two small arteries called for the use of the ligature. During the night, however, there was a very considerable hæmorrhage, caused by general oozing from the whole surface, which was arrested by means of cold applications; and, though syncope had once or twice taken place, reaction was soon perfectly established, by the administration of a small dose of tincture of opium and compound spirit of ammonia; after which she went on rapidly progressing towards perfect convalescence, which was fully established on the 20th of the same month, when she walked as far as the dispensary, to show me that the wound was perfectly healed.

Upon dissecting the tumour, after removal, it was found to be composed of a fibro-cartilaginous sac, about an inch and a half in thickness, inclosing an exceedingly large and offensive slough, communicating with the exterior by means of two or three extensive sinuses through the parietes of the sac, and these giving exit to a thin ichorous fluid, likewise excessively offensive.

W. HOWITT, M. R. C. S.
Senior Surgeon to the Preston Dispensary, &c.
Preston, Jan., 1841.

ON THE TREATMENT OF THE INSANE.

CASES TO ILLUSTRATE THE PROPRIETY OF PARTIAL RESTRAINT.

To the Editor of THE LANCET.

SIR:—Knowing that your valuable pages are always open to the discussion of any subject materially affecting the welfare of our fellow-creatures, I beg to forward to your notice some cases, together with a few remarks, which may tend to the right decision of a question now become of universal interest, and one with respect to which the public mind has been greatly misinformed. The question is this,—Is restraint in any cases of insanity necessary, humane or curative? The advocates for the (so called) system of non-restraint say, that, in no cases, and under no circumstances, is it either the one or the other. Those in favour of the system, miscalled the *restraint* system, say, that, although kindness and every alleviating expedient ought to be employed, yet that instances do occur, in which to use restraint is true kindness to the patient.

If I am not mistaken, I have had as fair an opportunity as any man of estimating the comparative merits of the two systems. The last five years of my life were spent as a resident surgeon at the Middlesex County Lunatic Asylum, at Hanwell. During the first three years of that period, whilst the asylum was under the superintendence of Sir William Charles Ellis, every kind and persuasive expedient was directed to be used to sooth the violence of patients in a state of excitement, and the nervous irritability which would otherwise have led to mischievous acts, was skilfully directed to the spending itself in useful manual labour. A refusal to take food was endeavoured to be overcome by unwearied perseverance, and by tempting the appetite with more delicate viands; and every artifice was resorted to, to contribute to the comfort and soothing of the patients. But there were some cases in which these expedients did not succeed; and the patients, if unrestrained, would either have injured themselves or others, or would have remained out of bed through the night, or would have actually died of inanition. In these instances, and they were not numerous, the application of restraint kept the patient quietly in his bed, and procured him refreshing rest, instead of permitting him to become

more excited, by passing the night on the cold floor, and compelling the patient, however reluctant, to take food, preserved life; and the preservation of life by such means was, in more instances than one, followed by restoration to reason. The violent excitement of mania was found to subside with less injury to the patient, when he was prevented from indulging the propensity for ceaseless motion, and when, consequently, *local and medical remedies could be applied*, than when he was suffered to spend his strength as he pleased, and the attack only terminated with exhaustion of his physical powers. In such cases, restraint, the mildest which would be effectual, was resorted to, but it was continued no longer than was absolutely necessary. Epileptic patients, during fits in the night, have a tendency to fall out of bed, and to turn round on their faces, and, from being unable to assist themselves, instances have occurred at Hanwell, as well as at other places, in which patients have died from suffocation. To prevent this, the epileptic patients were slightly fastened by one wrist in such a way as, without causing any pain, entirely to obviate the danger. There does not appear to be anything in all this contrary to *humanity*. Out of upwards of six hundred patients, there were scarcely ever more than one or two men and four or five women in restraint, and frequently the number was smaller.

In the year 1839, the (so called) system of non-restraint, that is the not putting into personal confinement any patients, under any circumstances, was introduced: the adoption of what is called the "seclusion system," that is, solitary confinement in a darkened room, being a substitute for all personal restraint. What have been the practical results of the change? I have no hesitation in stating that they have been most pernicious. Seldom did I enter the wards, without having my attention painfully arrested by acts of violence, committed by the patients on each other, or on their attendants; and at the time of my quitting Hanwell, I believe that there was not one of the latter who had not suffered during the new system, more or less, from these assaults. Keeper J. L., in a struggle with a patient had his elbow-joint fractured, and the consequence is a stiff joint. J. H. received a blow in the face, his eye was severely injured, from the effects of which he suffers to the present time, and by which his face is disfigured. J. B. was bitten in the leg very severely. J. H. was knocked down, seized by the throat, and nearly strangled. Nurse S. H. was knocked down by a patient, her back injured, and she suffers from the effects of the injury to the present time. M. W. was seized by her hair, thrown to the ground, and her head beaten against the stones; she was also thrown by a patient from the top to the bottom of a stone staircase, was taken up insensible, and has never been free from pain in the head since. E. S. received a kick in the side, and was confined to her bed for some days. These are only a few cases out of many others of a similar character, occurring under the system, which has been stated to be *as humane as it is practicable*. The strong and violent patients continually vented their fury upon the weak and harmless. Injuries from missiles, such as stones, bricks, pieces of iron, from cans full of gruel, from kicks, from blows with the fist, with the ward sweeping brush and other instruments, were continually marked on the persons of the patients. A gentleman, who went through the asylum, said, that the black eyes of the patients reminded him of Smithfield market on a Friday, where nearly every other horse was blind of one eye. This was the effect of the improved system during the day—were the results more favourable at night? I positively answer, no. The patients who were indisposed to sleep, being permitted to remain out of bed as they pleased, have by violent knocking at the doors of the cells, sometimes until the doors have been literally split to pieces, by breaking the glass of the windows, and even the iron frames, so as to escape, almost in a state of nudity, effectually prevented the other patients from sleeping. I have known about *fifty* instances in which epileptic patients have fallen out of bed during the night; and some of them remained the whole night on the cold stone floor, from being unable, in consequence of the fits, to raise themselves: others have been severely injured by the falls —for instance, M. B., June 24, 1839, fell out of bed in a fit, and fractured her right clavicle. Many times have I heard the quiet and orderly amongst the patients inveigh against the new system with curses.

The cases, of which I shall subjoin the details, are extracts from entries made by me as they occurred; they are the best commentary which I can make on the effect of the system, when applied to patients, who had a propensity to injure themselves.

The verdict of a coroner's jury upon the evidence of Dr. Begley and the keeper who attended the patient, has found that in another instance, in a male patient, the result of the system was death from *inanition*. But it may be said, although these evils are great, yet we must not forget the comfort of the patients from the doing away with the use of restraint in all cases. One word more on this head, and I have done. The seclusion system is much more disagreeable to the patient than the being just so far mechanically restrained as to be prevented from injuring others, without being entirely shut out from society. It is represented that the seclusion is only for a few hours; but I know that it has been extended to weeks, nay months; yes, the same individual has, with scarcely an interval of change, been shut up for months in his solitary cell. *Is this humanity? Is this mercy?*

I will at present say nothing further of the use of the shower-baths, as punishments, than that they were administered immediately on the commission of some act of violence, such as breaking windows, striking the patients or attendants, and using abusive language, &c.

Apologising for the length of my letter, and wishing to be understood as by no means supporting a system of continued coercion, but only as contending, that there are cases in which its occasional application under medical superintendence, is necessary, humane, or curative. I beg to subjoin the following cases:—

E. J., admitted Oct. 15, 1839, age 24. Symptoms, when admitted:—incoherent; impediment in speech; general paralysis.

April 3, 1840. The symptoms of general paralysis increasing, attended with great debility, tottering gait, frequent falls while walking. Removed to the infirmary.

13. Observed by the nurses to bite the flesh of her arm, and to eat it; she is also in the habit of pinching and scratching various parts of her body with her fingers, until the parts bleed profusely.

21. Her back is become inflamed, and, from her continually irritating the parts with her fingers, it has passed into a sloughing state.

May 2. The ulceration is frightfully extending; she is observed to be continually picking the parts, and eating the sloughs and poultices.

7. The nates, hips, sacrum, and perinæum, are in a sloughing state. Linseed-meal poultices are constantly applied to the parts; her evacuations are passed involuntarily, and in the mornings she is found in a most loathsome condition, smeared all over with fæces, poultices, and matter; she is every morning put into a warm-bath to cleanse her. She continued in this state, pursuing the same practices, until the 15th, when she died.

E. C., admitted Nov. 1, 1839, age 44; insane one year. Symptoms:—incoherence, with slight paralysis.

March 4, 1840. Sent to the infirmary.

April 13. Incipient ulceration of the back; habits uncleanly; passes her evacuations sitting in the day-room, or walking about.

May 6. Ulcer progressing; eats her excrement.

10. Eats her fæces.

June 23. Debility increases; disinclination to take food; continues to eat her excrement.

She continued indulging this depraved appetite until she died, July 3.

The above cases *were reported* by myself and the nurses to the superintendent. I am, Sir, your most obedient servant,

G. P. Button, M.D.,
Superintendent of the Dorset County Lunatic Asylum.

February 1, 1841.
No. 911.

THE LANCET.

London, Saturday, February 13, 1841.

The correspondence between the *Marquis of Normanby* and the *President of Bethlem Hospital* has been published, and is exceedingly characteristic of the proceedings of the small band of governors and officers who misrule that institution. The Secretary of State, it will be seen, had corrected the one-sided, worthless report of the two "eminent" physicians, in the letter with which it was accompanied.

"Whitehall, Jan. 4, 1841.

"Sir:—In forwarding to you, according to your request, for the information of the governors of Bethlem Hospital, the report of the medical gentlemen appointed by me to inquire into the condition of the lunatics in the criminal wing of that hospital, I think it right to accompany that document with a few observations which have occurred to me on a *very attentive perusal of all the evidence* taken in the course of the inquiry."

The Marquis of Normanby was apparently not acquainted with the mode in which the evidence was taken—that it was entirely *ex-parte*—and that the cross-examination of the witnesses was interdicted; he attached too much importance to the opinions of Drs. Mayo and Southey, "nevertheless, he came to the just conclusion, that "if Mr. Sergeant Adams were led into error, "this was entirely owing to the conduct of "one of the servants of the establishment." The rest of the letter is equally judicious:—

"The governors will rejoice that the result of this inquiry must be, to impress upon the servants a more universal knowledge of the very proper distinction taken by the medical men, confirmed by themselves, and, I believe, acted upon generally by the officers, between necessary control or restraint and arbitrary punishment.

"I cannot omit this opportunity of impressing upon the governors *the want of sufficient means of employment* which appears to be felt in the criminal wing, particularly among the female patients, who, by the matron's account, seem sometimes to have very little to do. It would be desirable that they should have a regular supply of work suitable to their sex.

"The construction of the *apartment* in

which Shelley was placed seems *very objectionable*, inasmuch as it was either in utter darkness, or without any protection from the weather.

"Whilst approving much of the new rule of nightly reports of restraint, *I certainly feel some surprise that it should not have been earlier in practice in so well-established an asylum; as, from my personal inspection of many similar institutions in this country and Ireland, I believe it to be in very general use as a most salutary check upon abuses*, to which all authority over those whose want of reason deprives them of the power of appeal must be peculiarly subject.

"I quite feel, at the same time, that the violent disposition (as shown by their offences) of persons confined in the criminal wing, makes it absolutely necessary to take every precaution for the safety of those in whose charge they are."

The Marquis of NORMANBY has fallen into a very pardonable error, in assuming, on the report of the two "eminent" physicians, that criminal lunatics are remarkably violent and unmanageable; they are, in fact, monomaniacs, and are generally more easily controlled than maniacs, who are sent to an asylum not because they have committed one great crime, but because all their acts are attended with danger to themselves or to society. OXFORD is, assuredly, not the most violent lunatic in Bethlem.

Sir PETER LAURIE promised to lay the report and the letter before the governors on January 25th. But, as our readers are aware, the report was published before that day, unaccompanied by the letter; upon which Lord NORMANBY addressed Sir PETER LAURIE to the following effect, on the 16th:

"Sir:—I am desirous of being informed by whose authority the report of the physicians as to Bethlem Hospital, forwarded by me at your request, has been published in this morning's newspaper before it has been submitted to the general meeting of governors, and unaccompanied by my letter to you.

"In that letter it must have appeared that I considered it a necessary condition, in complying with your request, that I should, at the same time, after an attentive consideration of the whole of the proceedings, instituted at my desire, and for my information and decision, convey *my own opinion upon many circumstances elicited by the evidence, and but imperfectly adverted to in the report.*"

Sir PETER replied, that the report of the physicians was printed for the use of the governors, and assigned a singular reason for suppressing the letter of the Secretary of State, under whose official charge criminal lunatics are placed:—

"Bethlem Hospital, with the exception of the criminal wing, is supported by private liberality, and rests upon public opinion, and every governor must therefore be desirous that so satisfactory a statement, made by the highest authority, should obtain the same publicity through the same medium as the accusations against us.

"The committee being of opinion that the report of the physicians, *founded, as it is, upon a careful and unprejudiced personal inquiry* into the whole circumstances, should be sent to the governors for their opinion, *without comment or observation, is the only reason that your lordship's letter* was not also circulated."

If there is little modesty in this passage of the President's message, it is full of candour: it reminds one of *Sir Anthony Absolute's* familiar apostrophe to his son,—"Jack, [PETER?] you certainly are an impudent dog."

In the following letter the President, who is, we believe, not the only man that imagines himself an absolute monarch at Bethlem, was informed of his real position, but he sustained his character and the character of the place to the end of the correspondence:—

"The object of the inquiry was to satisfy, not the governors merely, but myself, who am officially responsible for the treatment of the lunatics in the criminal wing, to which alone the inquiry was confined.

"I appointed two gentlemen to collect evidence, and report it for my information and judgment upon it. After studying carefully the evidence so collected, I thought it necessary to accompany their report with some additional observations, not only on the origin of the complaint, on which some stronger language had been used by the governors in their letter to me than I thought was borne out by the course of the examination; but also on the conduct of some of the servants, and the condition of the patients. It is true that the effect of those observations was to qualify, in some details of management, the approbation I should otherwise have been supposed completely to share. I regret that I felt it necessary to express those opinions; but having done so, their effect will not be altered by any apparent attempt at their suppression. I am sure that the governors would much regret such an appearance, yet nothing could be more calculated to produce that effect than the

ill-judged proceedings of the committee, of which so strange an explanation is given in your letter, as if my communication to you were the chance comment of an indifferent person, instead of the opinion of one whose imperative duty is to watch over and correct any abuses in the treatment of criminal lunatics.

"Conceiving such to be the position in which I stand on this subject, I expect, of course, that my views will meet with proper attention, and therefore desire you will communicate the whole of this correspondence to the general meeting of governors. I am, Sir, your most obedient humble servant."

Mr. Sergeant ADAMS alludes very delicately to the physician's report, in a letter to the governors of Bethlem. We recommend the following passage to their serious attention; it may teach them, if they are capable of instruction, the difference between the office of advocate and that of judge:—

"I doubt whether the public are quite so well satisfied as your worthy president with the report of the two physicians. The *ex-parte* nature of the testimony upon which it is founded—the arrangement for the exemption of your officers and keepers from the test of cross-examination—the previous knowledge of the day and hour when the hospital was to be visited—the singular coincidence of the absence of all restraint during the period of the inquiry, although, by your records, a day never passes without its use—the remarkable, but unnoticed, diminution of the quantity of restraint since the period of my visit—the evident dissatisfaction of Lord Normanby with the report, when compared with the evidence—the elaborate, but unsuccessful, defence of the prevaricating keeper, so ably commented on by his lordship—the tenderness with which the dark unglazed cell is treated—and the vein of advocacy which seems to pervade the report generally, are suspicious circumstances; and I do not think their effect will be lessened by this last attempt to injure me by impugning my motives, and creating a false impression of the proceedings at Clerkenwell."

We beg to call the attention of the Marquis of NORMANBY to the enormous expense of criminal lunatics in Bethlem. For the erection of the wing in which they are confined, 30,000*l.* were granted by former governments, making, as there are about seventy-five criminal lunatics confined, *four hundred pounds* for the abode of each inmate! The estimate of the probable expense of confining and maintaining criminal lunatics in Bethlem Hospital, was 307*l.* in the year ending March, 1838. This is nearly 40*l.* a-year, or 15*s.* 4*d.* a-week, for each lunatic. Now, pauper lunatics, in the County Asylums, cost 7*s.* a-week each; at Stafford, 5*s.* a-week is the charge; and, in the Gloucester Asylum, where the charge is highest, the weekly expense is 10*s.* each, exclusive of rent; and this is found quite enough for all purposes.

The average cost per week of criminal lunatics at Bethlem was 15*s.* 4*d.*; and of pauper lunatics at Hanwell, 8*s.* 7¼*d.*

We have before stated that none of the improved methods of treatment have been introduced at Bethlem; and that medical science has never derived the slightest advantage from that costly establishment. The statistical information obtained from it is meagre, and shows a deplorable want of zeal or knowledge in the medical officers.

THE rumour is rife, that the *London Medical Corporations* are ready to reform themselves; and we recently published an expression of their intentions, in the report addressed to the Royal College of Physicians, by the committee appointed by the college, to confer with a deputation from the College of Surgeons and the Society of Apothecaries. The report is said to be founded upon an investigation of the various grievances complained of in the several petitions to Parliament for Medical Reform, and upon the communications of Fellows, in reference to any change which can be effected in the constitution of the college, *with safety to its great objects.*

Reformers cannot wish to receive the overtures of the Medical Corporations with any unfriendly feeling, however distrustful they may be of the efficiency of the proposed spontaneous self-reform, which, like spontaneous combustion, is a rare occurrence, even in bodies predisposed to the process. The reform is to be restricted within certain limits; the safety of the great objects of the college is not to be violated. The com-

mittee has not taken the trouble to inform the public what these "great objects" are. We are quite curious to know. Was it the supply of the people of England with a sufficient number of well-qualified physicians? Was it the prosecution of medical science? Was it the protection of their members? We do not wish, however, to press too hard upon the colleges. We do not insist upon answers to these questions. The majority of all the colleges have an unquestionable interest in the success of a comprehensive measure of Medical Reform; and we see no objection, where the pecuniary interests of existing individuals are affected, to a fair equitable compensation.

Reformers do not wish to interfere with the internal government of the college, or with their accumulated possessions; but we tell them at once, that in future there must be *one* licensing body, placed directly under the control of the representatives of the whole medical profession, including, of course, the present councils and their members. Medicine is one science. The medical practitioners of England must be tried by one test—and that test must be reform—leaving the paths of discovery and renown open to genius, and to every one who aspires to extraordinary distinction. The practitioners of England must not be examined by a drug company; they must not belong to a drug company; they must not be dispossessed of their rights and privileges by coteries of self-elected gentlemen in London, who throw their offspring without protection, like abandoned bastards, on the world.

The Council of the College of Surgeons may concede the elective franchise to its members, and give up its odious, irresponsible powers. We should rejoice to see it do so; but this is a mere fragment of the great measure of Medical Reform. The Apothecaries' Company was created in 1815, and it should never have existed. One of the "great objects" contemplated by the incorporation of the College of Physicians, was the protection of the public from the murderous practices of ignorant quacks, and the supply of the country with physicians whose qualifications had been ascertained by competent judges. The College of Physicians relinquished this great trust, and is now "poor even to bankruptcy;" and there is no hope for its members but in a junction with the members of the other bodies, where the present Fellows will enjoy any ascendancy to which their character, scientific labours, wealth, and influence may entitle them.

A CONFERENCE of the Medical Delegates from different parts of the kingdom has been sitting several days at Exeter Hall. The proceedings are to be published. The Associations are, we understand, agreed upon the fundamental principles of the Medical Reform which is required; and though it is not likely that the Delegates, guided by sound sense and disinterested honesty, could sacrifice a great and good cause from personal malice, it will be a matter of congratulation to reformers to know, that *all* advocate their views with well-tempered zeal, and feel disposed, in matters of subordinate importance, to make mutual concessions, and to be guided by those reformers in and out of Parliament who have devoted most attention to the subject.

BRITISH MEDICAL ASSOCIATION.

Exeter Hall, February 1, 1841.

Dr. WEBSTER, President, in the chair.

THE minutes of the last meeting were read and confirmed.

The following gentlemen having been duly proposed and seconded, were elected members of the Association:—

J. Sullivan, Esq., Mount Pleasant, Gray's Inn-lane.

Dr. Evans Riadore, 73, Harley-street.

Dr. Catherwood, Charles-square, Hoxton.

—— Cornelius, Esq., Goswell-street-road.

A ballot having been taken for the election of two councillors, it was declared to have fallen on Wm. Tidy, Esq., of Hackney, and —— Ward, Esq., of Balhaam-hill.

A letter on the subject of poor-law medical relief having been read from Mr. Rumsey, the following resolution was unanimously agreed to:—

"That Messrs. Wakley, Farr, and Eales,

be requested to meet Mr. Sergeant Talfourd and Mr. Ceeley, to confer on the best means to be adopted for obtaining the introduction of the medical clauses agreed to by the British Medical and the Provincial Medical Associations, into the Bill now before the House of Commons, for the continuance of the Poor-law Commission, and to take such steps thereon as to them may seem necessary."

The breviate of the Medical Bill of the Association was read clause by clause, and commented on, at the conclusion of which a vote of thanks was given to Mr. Wakley for the very able and lucid manner in which the Bill was then submitted to the Association, and also to Mr. Mills for the trouble he had taken respecting it.

The meeting then adjourned until Tuesday, the 16th February.

WESTMINSTER MEDICAL SOCIETY.

Saturday, February 6, 1841.

Mr. Gregory Smith, President.

POISONING BY CANTHARIDES.—FRAGILITAS OSSIUM.

Mr. Snow related the case of a woman, sixty years of age, who took a piece of blistering plaster, about the size of a walnut, amongst her chocolate in mistake. An hour or two afterwards, vomiting and stranguary commenced; the urine discharged being scanty in quantity, and containing blood. These symptoms continued without intermission until the next day, when Mr. Snow first saw the patient. Aperient medicines and copious demulcent drinks were prescribed, and the following day the patient was much better. On the third day, however, from taking the cantharides, she was attacked with severe pain in the region of the left kidney, accompanied by tenderness on pressure, and sympathetic fever; some stranguary remained, and the urine still contained blood. Leeches, followed by fomentations, were applied to the part; and under this treatment, accompanied with aperient and other medicines, these symptoms were relieved; the urine, in a few days, resumed its natural condition, and the patient shortly recovered. Mr. Snow believed that inflammation of the kidney, as present in this case, was by no means a usual effect of poisoning by cantharides.

Mr. Streeter related a case in which a patient had swallowed four drachms of tincture of cantharides in a liniment by mistake. She did well.

Dr. Chowne referred to a case of a girl who lost her life in consequence of using cantharides ointment, instead of sulphur ointment, for the itch.

Mr. Rutherford Alcock related a case of ununited fracture of the humerus, with much thickening of the bone round the false joint. In this case the patient had suffered long from rheumatic pains in the part affected, the fracture had occurred without his knowledge, and simply from the action of the muscles. Mr. Alcock inquired if any member had seen a case of fragility of the bones dependent upon the presence of rheumatism. Fractures of this description were by no means uncommon in various states of the system; but he believed that this fragility of the osseus structure, as connected with rheumatism, had not been mentioned. Was the cause of the fragility, as connected with various diseases, identical, and might rheumatism be classed among these cases?

Mr. Smith related the case of a woman who had "been a martyr to rheumatism," and had her collar-bone fractured without her knowledge. This united by the parts being kept in opposition. She subsequently fractured the thigh-bone; the fracture was attended by much swelling, and union did not take place.

Mr. Dunn mentioned a case in which a rheumatic patient fractured her humerus by letting the arm fall suddenly.

The subject of the treatment of ununited fracture being brought forward,

Mr. Streeter spoke of the plan pursued by Mr. Amesbury; the pressure in the axis of the bone, as applied in this process, was for the purpose of absorbing any ligamentous band which might have been formed. This plan had succeeded in several cases, in which all other modes of treatment had failed.

REMARKABLE SPINA BIFIDA.

Dr. Verrall related a case of large spina bifida. The patient was a healthy, ruddy-looking boy, about thirteen years of age, and living at Burnham, in Essex. When he stood before you, it would not be supposed that he laboured under any deformity, but on looking at his back an immense tumour, as big as a man's head, was found to be situated over the lumbar vertebræ. This tumour was some inconvenience to him, but he played about with other boys of his age. On examining it, the skin covering it was here and there red, and was tense and tight over the entire swelling.

The history of the case was as follows:—it was small at birth, but began to increase in size; at two years of age it was punctured by an empiric, and a quantity of fluid removed from it. The boy became immediately paralysed, and continued so for several months. He recovered, however, when the tumour again increased in size. It was once more opened by the same person, who on this occasion made an incision of some extent over its surface. Ulceration took place, and the boy was again paralysed. He again, after some time, recovered the

use of his limbs. The marks of the puncture and incision were quite visible on the tumour. Pressure over the swelling does not affect the patient. Mr. Addison, surgeon, of Burnham, had told him, Dr. Verrall, that he had had four or five cases of spina bifida in that village.

MEDICAL SOCIETY OF LONDON.

Monday, February 8, 1841.

Dr. CLUTTERBUCK, President.

STRANGULATED HERNIA.

MR. PILCHER detailed the particulars of two cases of femoral hernia, in which operations had been performed for the removal of strangulation. The cases themselves presented nothing very remarkable. Both the patients were old women; in one, the strangulation had existed a week before operative means were taken for its relief; in the other, the gut had been strangulated three or four days. The intestine, in both cases, was approaching the state of mortification, but, it was hoped, still retained vitality sufficient to recover its natural state. In the second case, however, immediately the intestine was reduced (which in both cases was easily effected), a small quantity of feculent matter was observed to ooze from the wound, and the case was, of course, given up as hopeless, the mates of the gut having given way. In the first case, there was a white spot upon the peritoneal and surface of the strangulated intestine; but this did not seem a sufficient objection to retain the bowel in the sac, it was accordingly reduced, but the patient perished from peritonitis: in this case the patient was freely purged after the operation. On examination, after death, the white spot on the peritoneal coat was found to have extended to the sub-peritoneal tissue, and not further; but an ulcer was found corresponding to this part on the mucous coat; only half the calibre of the gut was strangulated. In the other case, in which the intestine gave way, it was found, on examination, that the rupture had taken place at the upper part of the intestine, and *above* the seat of stricture.

Mr. PILCHER made some remarks on the obscurity which attended some cases of strangulated hernia, and observed that it was by no means necessary that the most formidable cases should be attended with correspondingly formidable symptoms. In illustration of this, he mentioned a case, in which the only symptom of strangulated scrotal hernia was the presence of a tumour, and vomiting; the patient had passed three or four copious stools; yet, in this case, twelve inches of strangulated intestine were found in a mortified condition. The fœcal evacuation, in this case, had, no doubt, come from the portion of bowel below the stricture, but it showed the fallacy that might arise in some cases. In another case, admitted into one of the hospitals, three excellent surgeons were doubtful if a tumour in the scrotum were hernia, and, if so, whether it was strangulated. There was no peritonitis in this case, or vomiting; the tumour was punctured, the man died, and two or three inches of gut were found strangulated and mortified. Mr. Pilcher urged the necessity of not delaying the operation in cases in which there were three symptoms of hernia present; constipation, vomiting of stercoraceous matter immediately on the taking of anything into the stomach, and the presence of a tumour. Indeed, he considered that the vomiting itself, with the presence of a tumour, were sufficient justification for operative procedure, provided, of course, in all cases, the taxis and other means had been fairly tried and found wanting. The operation for hernia was by no means a dangerous one, and, if performed sufficiently early, he thought all cases should recover; it was the delay which proved fatal (as it had been the case in the two instances brought before the society), for in these, had the operation been performed earlier, the patients, he believed, would have recovered. He had found, in two large hospitals, during two years, that no case of hernia operated upon recovered: this was, doubtless, owing to the delay, and to the various manifestations, &c., which the patients underwent before the knife was resorted to; for the surgeons who operated in these cases were generally successful in their private practice, in consequence of the operation being early resorted to.

Dr. BENNETT inquired what was the mode of recognising the matter vomited in those cases, which depended on mechanical obstruction in the bowel? There was some difficulty, occasionally, to decide if this were stercoraceous or not. What were the distinctive signs of the matter being stercoraceous?

Dr. WILLIAMS repeated the question, and mentioned a case in which a man died of strangulated hernia; and the surgeons in attendance were divided in opinion, whether the matter vomited was or was not stercoraceous. He would inquire what was the exact appearance of the strangulated intestine, which would justify the opinion that it was perfectly mortified, and should not be returned into the abdomen? In a case of a friend of his, published in THE LANCET, the peritoneal coat of the intestine was absolutely black, and could be easily scraped off from the muscular coat. The Editor of THE LANCET had appended a note to this case, inquiring whether the membrane, capable of being scraped off, was not, in fact, an adventitious one, and not the peritoneal coat.

Mr. HEADLAND could not conceive vomit-

ing alone sufficient proof of the presence of strangulated intestine, and for the justification of operation.

Mr. DENDY referred to a case, which he had recorded in THE LANCET, in which an egg-cup was found in the ileum; the intestine was ulcerated and diseased above the strictured portion. He related a case, in which the strangulated intestine was perfectly black, but was returned into the abdomen, and the patient recovered; in this case there was stercoraceous vomiting, and the pulse was 140.

Mr. PILCHER replied, he could not define exactly the character of stercoraceous vomiting; but he should consider that egesta, which had the fœcal odour, to be stercoraceous; it varied in consistence and colour, but was usually semi-fluid and brownish. The character of the vomiting he had spoken of was the emptying of the stomach without effort, and immediately on food being taken into it. He agreed with the Editor of THE LANCET, that, in the case of Mr. Braddon, referred to by Dr. Williams, the membrane that could be scraped from the strangulated bowel was adventitious.

Mr. DENDY, in allusion to the discussion of last week, stated that he obtained some of the new variolo-vaccine from Dr. Carswell and Dr. Cape: in some cases he had found it produce a mere conical vesicle, in others an irregular scab; and in others, a perfectly complete vesicle, but rather more acute than if it had been from the older virus.

UNIVERSITY COLLEGE HOSPITAL.

ABSCESS OF THE LABIUM PUDENDI MISTAKEN FOR HERNIA.

E. B. was admitted Nov. 26, 1840, supposed to be labouring under rupture. She is a married woman, has four children, and is of slight make and spare habit. On examining the part in which pain was felt, a tumour, of a rounded or oval form, rather larger than a duck's egg, was found occupying the right labium, and projecting towards the left thigh, so as nearly to hide the entrance to the vagina. The upper part of this swelling was rounded off towards the pubes; but, on grasping the skin over that situation, and making it roll over the fingers, nothing like a prolongation of the swelling upwards to the abdomen could be felt. No impetus could be detected on coughing. The cleft between the tumour and the left thigh was perfectly distinct and sharp, so that it was evident that the enlargement was simply in the labium, and was not a prolongation from another part into its tissue. The tumour itself was moderately firm and resisting, and gave a feeling of fluctuation. The skin over it was of a dull reddish colour. The patient suffered very considerable pain in it, of a throbbing, and sometimes a shooting, character, and complained very much of the agony that handling it caused her.

The following is the history which the patient gives of its growth. Thirteen years ago, about a fortnight before her first confinement, she was attacked, without any known cause, with throbbing pain in the right labium, attended with some heat and swelling, and great tenderness, like "a gathering," as the patient expressed herself. These symptoms were much relieved by the use of leeches and hot fomentations, but the swelling did not subside much. The labour proceeded with difficulty, and instruments were obliged to be had recourse to, but the swelling in the labium did not become painful. Since then the tumour has remained nearly stationary, about the size of a small hen-egg, till within the last few days. She has had three confinements since; and, though for some time previous to each the tumour was somewhat painful and tender, yet this went off without further mischief, and she suffered no more inconvenience.

About a week before her admission, the tumour again became very painful and tender; and the enlargement has continued progressively ever since. She cannot walk without great pain. Urine passed readily; bowels open.

Mr. Liston, who saw the case soon after her admission, pronounced it an abscess of the labium; and, making an incision into the most dependent part of it with a bistoury, gave exit to several ounces of rather offensive pus, mixed with blood. A small piece of lint was placed between the lips of the incision, to prevent their uniting, and a poultice was then placed over the parts.

To have half an ounce of castor-oil to-morrow morning.

28. Discharged, cured, to-day; walks without pain; and has only a slight fulness and induration of the labium.

DUBLIN MEDICAL POLITICS.

To the Editor of THE LANCET.

SIR:—I abhor the battle-field of politics, and have long abandoned it. This may arise from some peculiar idiosyncracy of mind. I confess I am one of those who cannot see unmoved the too-thinly-covered selfish objects which, under pretence of advocating a public cause, men too evidently pursue. Then, what personality and coarseness have been interwoven with medical politics! Here, again, Drs. Jacob and Maunsell have much to answer for: they are in the habit of indulging in a style which leaves gentlemen but one alternative; that alternative is refused. The high-minded cannot brook abuse; the weapons of gentlemen are denied

them; while it is as unpalateable as it is difficult to obtain redress by law. Retirement then becomes a duty as well as feeling. These considerations afford no reason, however, why a person should not look on with interest, and endeavour to urge public opinion to the removal or alleviation of evils that are too strong and too gross for individual effort. THE LANCET is the first and best organ of public opinion, as it is the most easy of approach, where the interests of reform and of the public are to be advocated; hence, with confidence, I appeal to it for liberty, occasionally, to express some desultory remarks, which may not be without their value.

In the introduction of new institutions, the statesman who sincerely desires an improved order of things, should have two considerations specially before him; viz., first, the evils that have been most prominent, most glaring, and most productive of mischief in the old ones; and, secondly, the parties whose interests have been promoted by, and who have themselves been instrumental in, reducing those evils to mischievous operation. Both would be avoided by such a statesman acting thus; the history of the one would fulfil one of the chief functions of history in general, by affording beacons whereby evil may be avoided; while the others not only would be justly punished, by exclusion, but one great danger would be escaped,—that of the young institutions being marred by the contaminating contact of persons whose habits had become the habits of selfish and corrupt jobbery and intrigue. This latter is not so slight a danger as some may imagine; already is every engine at work, every iron in the fire, in order that a few corrupt old hands may not only gain all the anticipated profits that it is thought will attend the transition instrumentality, but also that they may acquire their wonted predominating influence in the new corporations, or in that modification of the old ones which they themselves shall cunningly propose! Such a contingency, so fraught with mischief, should be avoided with the fullest determination. I do not wish to be ungraciously personal, even to those who have been the most determined enemies to reform, or late and doubtful converts to its principles; the names of such are easily had; the slightest investigation will prevent so great a death-blow to improvement.

The most prominent of the Irish medical institutions is the Royal College of Surgeons. It was first incorporated some sixty or seventy years since; and, when we consider the date of its charter, its liberality of constitution affords matter of wonder; it is, in fact, a pure democracy, governed, in all its details, by the majority of members present in the board-room; while, for every such meeting or board, all the members resident in Dublin are duly summoned. At least, such it is in theory, and by charter; but, in fact, it has ever been a corrupt, despicable, and selfish oligarchy; and it is now more corrupt, more selfish, and more contemptible than ever in its previous history. It is worth while, then, to inquire what causes may have led to so serious, so striking, and so mischievous a departure from a system of polity, the excellence and the liberality of which are such, that had they attached to that corporation of which you are so distinguished a member, the British public had probably heard of little of the battle, noise, and din of medical reform.

The Irish College of Surgeons, very soon after its foundation, began to be governed by an oligarchy. This did not follow, according to the cant of theoretic writers—the enemies of all liberality—as a natural result of its democratic constitution, but proceeded entirely from other causes, apparent enough. The first of these that exercised its baneful influence, in the production of such bitter fruit, was the apprenticeship system, at least the monopoly of it in a very few hands. Servitude is not calculated to awaken dignity of mind, or independence of opinion and conduct; nor is it among the attributes of the average of human nature to resist the personal influence of one, whose authority has been felt for five long years of the most important period of one's life; when the faculties are undergoing that expansion, and receiving that stamp, that are to determine the character of the man; more especially, when it is recollected that that influence is prolonged under circumstances most favourable for perpetuating its lasting power, to wit, the master being in the possession of a certain little patronage, and being the individual to whom the young surgeon naturally has recourse for assistance and relief, in the early difficulties and responsibilities of his profession. Produced in this way, individual influence soon arrested or prevented those valuable results which might naturally be expected from a liberal constitution, vivifying and fructifying beneath the spirit that has been abroad during the last half century. If, then, the present reform movement should lead to anything analogous to the corporation of surgeons in Ireland, apprenticeship* system, at all events a monopoly in that, should be carefully guarded against.

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* This apprenticeship servitude has a more abiding influence than could be imagined, in benumbing those generous sensibilities and that free exercise of mind which constitute independence of character. Apathy and narrow-mindedness, produced in this way, can alone account for the length of time the members of the college have submitted to an influence which they not only despise, but which they know at once

The second grand agent in monopoly and mischief, in the Irish College of Surgeons, second in time, but prime in power and degree, is the having *a school attached* to the licensing body. At first the rifeness of this cause of rotteuness was unfelt and overlooked; and for this very natural reason; when the school began to assume any importance, there were but two professors, one of anatomy, and one of surgery; and the importance and influence of these were not derived from their chairs, but from the number of the quondam apprentices whom, when arrived at the membership, they could control in their votes. This coincidence of the school professor in the person of the apprentice monopolist can alone account for a fatal omission in college legislation; viz., the suspension of the membership pending the occupation of the professor's chair. The professor in the school should have no admission either to the council chamber or the court of examiners. This wise regulation, however, the value of which is daily attested in the College of Physicians, was omitted; and the result has been, an all-pervading nuisance, as grievous as it is mischievous and intolerable. Indeed, there is no just reason for an elementary school at all in connection with the licensing college. Elementary teaching, if not a degradation to a college, is certainly a diversion from more valuable and fitting functions: at all events, elementary teaching should not monopolise all its attention, and all its resources. Every day's experience shows that it may well be left to private enterprise, the undergraduate course being taught as well in all, and far better in many, of the excellent private schools that abound in this city, than in the college school; which, by its presence, paralyses every proper function of that corporation. The school-nuisance would never have reached its present intensity, had its primary condition of two professors continued; very different, however, is its present staff. By division and multiplication of its chairs, they now constitute a body of men nearly a score in number, filled with the one mind, subject to the same interests, and constant in their attendance. When to this number are added, those whom the professors can control, inasmuch as they have been in former times their pupils or apprentices, or who have become their creatures by accepting or anticipating office, and patronage at their hands, it is evident that a band is constituted, to beat which out of the field requires the constant attendance at every board of a greater number of independent members, who are willing to make sacrifice of time and avocation, and oftentimes to undergo what is unsuited to the feelings of gentlemen, and all this from public motives alone! Such efforts could not be expected for a constancy; and so the matter has ended as might have been expected. The school faction have it all their own way. The natural and inevitable consequence has followed. Every subject whatever, no matter how excellent in its kind, or general in its relation, is driven from the board-room; nothing is entertained, but what relates directly or indirectly to the craft of elementary teaching: the professors are every where, in the board-room, in the library, in the museum, and, *proh pudor*, the court of censors, and even the court of appeal! The whole corporation is made tributary to the school, the real or supposed interests of which constitute the sum of its legislation. And this legislation presents the unmethodical, shapeless, and confused mass, the *rudis indigestaque moles*, that might be anticipated at the hands of narrow-minded, short-seeing legislators; who, by reason of their being plunged neck and heels into the details of a trade, if from no other cause, are incapable of recognising the principles to which their craft is subservient, and on which its legislation should depend. Nothing is definite, nothing is certain; there is neither method, system, nor principle; but the whole is a vacillating, perpetually-shifting series of expedients, dictated by the supposed interests of the school, or even any one of its officials. In future legislation, then, there should be no school attached to the licensing body; or at least its position should be carefully defined, and the professors carefully excluded from any office, whether senatorial or executive.

UTICENSIS.

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swamps all their privileges, and directs to private ends all the resources of the establishment. It is notorious that there is at any time the way and the power, if there were but the will, to vindicate themselves and their alma mater.

THE MEDICAL PROFESSION AND THE POOR-LAW COMMISSIONERS.

To the Poor-Law Commissioners.

GENTLEMEN:—I have, without intending it, delayed until this time the letter I promised you, upon your expected board of health; and, even now, unless I had availed myself of the time appropriated to religious services, I could not have written, the propriety of which act I should have doubted, were I not assured that to do good is better than to sacrifice. This delay, I assure you, is not from any fault of mine, but rather from the necessities which impose themselves upon medical practitioners at this season of the year. Now that "the Philistines are upon

us," the necessity of looking well to our practice and accounts, to our natural and chief strength, should, more than ever, be attended to: if we neglect the means of our good understanding with the public, and our support as men of independence, we shall be shorn of our strength, and shall become an easy prey to any who may choose to assail us. Hence, as one member of the body, I look well first to the means within, and, being satisfied with the integrity of their condition and arrangement, I then pass, as in this instance, to assail, and, if possible, drive back those who, forgetting we have souls, would compress us into mere animated machines. I am not vain enough to believe that my voice will be heard afar, but, like the single brand of the Highlander, it may kindle another and another, until our already half-awakened profession shall be completely aroused.

I know not whether the good Editor of the LANCET has sent you a copy of THE Journal containing these letters, but if he have not the will, and then, Gentlemen, take heed, though you may affect to believe that the signs of agitation, and commotion, and resistance, are slight, yet, I assure you, they are to you symptoms of the greatest importance—symptoms of a disease which one part of the medical constitution has long borne, but which to bear longer would end in a miserable decline; while the revulsion that shall throw it off shall be the introduction to renewed health and vigour, and a true apprehension of centralising sophistry and slavery. But I must check myself, for, in my anxiety to show you that where you deem the profession weak, there is it strong; I am forgetting our intended subject.

There can be no doubt that new arrangements are required to prevent ignorance, and indolence, and peculation, from sacrificing, as their votaries have done, the health of her Majesty's poorer subjects. The evidence before the committee of the Commons, on the health of large towns, published last year, is a sufficient proof of this; but strong as this evidence is, it sinks into insignificance before the character and abundance of the facts in the possession of that portion of the medical profession, whose duty it is to attend to the diseases of crowded localities, and who alone, of all intelligent persons, are fully able to estimate the connection between accumulated filth, bad drainage, unhealthy soils, ill-arranged habitations, &c., and the various diseases "which mankind is heir to."

It is a curious and a knotty question, how these varieties of morbid conditions take place in the human constitution—how and whence animal and vegetable effluvia arise, under what circumstances, and in what combinations they are most likely to produce disease; but there is no question that, when they are produced, a practical knowledge is required to arrest their progress.

I am not aware that lawyers, who study not the laws of infection and contagion, whose clients rarely live in alleys and in back streets, in poor cottages and on heaths, are the best judges in such cases. When the legal pleader studies such things as these, it is usually by dint of examining, or by information in brief; a political arrangement, a strife of parties, the display of an hour, may be safely entrusted to the lawyer, whose duty and interest it is to attend to such things; but life and health are not politics, nor is the conservation of them to be learnt by such ephemeral studies; in short, these subjects form the staple in the education of the medical practitioner, not of the gentleman politician, the place-hunter, or the lawyer; and no one will deny that among us are men who add to a knowledge of their profession, philosophic minds, and a complete acquaintance with the business of life. Who, then, Gentlemen, are best fitted to perform well the duties of a board of health? and why should the Government go so much out of its way to put into an office men, like yourselves, who must get from us a knowledge of your duties, as well as the capabilities to perform them—in short, putting apprentices in authority over their teachers, the former compelling the latter to give them a knowledge of their business, perchance to do it also?

The Vaccination-Extension Bill is in your hands, but are you fitted to carry it fairly out? Certainly you are not. A measure of this sort, intended to be universal in its application, should not have been put into the hands of men whose duties naturally concern the poorest only; whose reputation is such, that all they do, even their economy, is unpopular; whose habits are a specious and showy parsimony,—reasons enough, one would think, to have kept from you this office, and to have put it into hands that should have given it free course, as it is the fact, that "the Poor-law Commissioners have the ordering it," produces distrust in the profession, and a dislike of the measure in the public mind. You are yourselves aware, that the measure drags on, and, at present, produces little good, else why that increased zeal that has recently shown forth in the columns of the *Chronicle*,—a zeal which prompts you to advise and prescribe a catching and alarming heading to the bills about to be posted about the country. Surely, Gentlemen, you must have, among the multifarious retainers of your court, drapers whose skill in such things have driven them from the ladies to the Poor-law Commission-office; and such is your fear of the apathy of the people, and their hatred to your measures, that you even advise that new and monstrous proceeding of going from house to house, subjecting your vaccinators to insult and to scorn, and exposing this boon to the hatred which a forced measure never fails to pro-

duce. The Vaccination-Extension Bill is a failure, and ever will be so while in your hands. But why have you the administration of this law at all,—why? but as the stepping-stone, the introduction to the new office of the Board of Health; and now the reason becomes manifest, why I have touched upon this prior to, and in connection with, my declared subject. You are preparing yourselves for the coming office (doubtless a permanent and a lucrative one); your long letters have passed through the length and breadth of the land, dragging and compressing the information you want out of those who have it, without other fee or reward than the mockings of your office to console them. The statistical is a fine science, since it can construct tables which can teach men, in a few weeks, previously entirely ignorant, how to invent and administer the important measures which must necessarily be connected with a Board of Health; but I must defer, until my next letter, the further exposition of this subject. I am, Gentlemen, your obedient servant,

PHILANTHROPUS.

London, Jan. 24, 1841.

STATEMENT BY DR. T. G. SMALL, OF DUBLIN.

To the Editor of THE LANCET.

"No assistant-secretary was appointed, "it having been found necessary, last "summer, to abolish that office, which "had existed in the college for five-"and-thirty years, and had, previous "to the last year, been always filled "by some member holding high pro-"fessional rank or station, and capable "of discharging effectually the respon-"sible duties of the situation. Although "this change was obviously made to "get rid of a temporary difficulty, in-"cautiously incurred in a state of ex-"citement, it has led to what must be "considered an improvement. The offi-"cial business is now conducted by the "registrar, Mr. O'Keefe, and there can "be no danger in future to the charac-"ter of the institution from the destruc-"tive effects of a secret ballot in the "choice of so important an officer."

SIR:—The preceding paragraph, remarkable alike for high-minded and gentlemanly delicacy, and for the quantity of truth it involves, appeared in the "Dublin Medical Press" of the 13th of January, and is the product of the joint pens of Drs. Jacob and Maunsell. I have been confined by illness for the last three weeks, and did not see it till this moment; nor, indeed, is it likely that I should have seen it at all had not my attention been drawn to it, as the libel is sneakingly and insidiously appended to what purports to be a mere return* of the annual election of officers in the Royal College of Surgeons in Ireland, a matter with which, as a member, I was, of course, familiar; and, therefore, it was well calculated, as no doubt it was designed, to carry its petty malice to the furthest limits of its circulation, without my knowing one word about it.

The imputations it contains are utterly false, and none knew their falsehood better than the authors, when, yielding to disappointment and revenge, they thought fit to give them currency.

The indirect assumption contained in this twin effusion of "professional rank and station," and of "capacity for the effectual discharge of responsible duties," on the part of Dr. Jacob, is really ludicrous. The doctors, however, need not be alarmed; I am not about to enter into any contest with them, to prove my claim to equality of "rank and station;" I shall leave them in undisputed possession of their superiority,—a painful pre-eminence which I have no such perverted ambition as might make me wish to participate in. Were my "rank and station" identical with theirs, I would "blush to find it fame." As to capacity, the office, indeed, requires nothing beyond the commonest knowledge of the mode in which public business is, or should be, conducted, which, now-a-days, is in the possession of almost every clerk; but it does require integrity and impartiality; and, perhaps, it is to an unflinching exercise of these qualifications, that the readers of the "Dublin Medical Press" are, in a measure, indebted for the malicious and vindictive effusion that I have quoted.

The true and simple history of the matter is as follows:—Notwithstanding the kind of right that length of service gives rise to,—notwithstanding the indisposition to remove that it suggests to all just and generous minds, very many of the members of the college did determine to dismiss Dr. Jacob from the office of assistant-secretary. Whether this resolution was caused by the doctor's "exalted rank and station," his "capacity for discharging effectually the responsible duties of the office," or his official integrity and impartiality; or whether it depended on reasons similar to those which led to his abrupt dismissal from the Court of Censors in 1834, are points I shall not take upon me to determine. Suffice it to say, the resolve was made, and I was the humble individual fixed on to supply his place. This and the subsequent arrangements were all made during my absence

* This return is even carefully excluded from the table of contents prefixed to the Number.

from town. The election took place in January, 1840; a greater number of votes were polled than had been known for a long time; the result was, the college was deprived at once of the services, the "rank and station," the "capacity for the effectual discharge of responsible duty," and the official integrity and impartiality, of the illustrious Dr. Jacob.

With a mere passing allusion, I shall dismiss the obstinate and frivolous, not to say vexatious and factious obstruction, which the learned doctor and his worthy coadjutor, in the delicacy of their resentment, thought it not unworthy of their "exalted rank and station, capacity," &c., to offer to the performance of my official duties,

—— tantæne animis celestibus iræ!

I shall now bring my history to what "was found necessary to be done last summer."

The illustrious possessor of so much "rank and station and capacity" was still so disturbed in his equanimity, that one of his coadjutors "found it necessary" to move for a committee, to examine into the whole body of the by-laws, and the whole organisation of the college. Coming from the source whence it did, that of a sympathising brother professor, it is not to be marvelled at that the report of that committee did contain a suggestion to abolish the office of assistant-secretary in January, 1841. That suggestion could not take effect unless by being made a by-law of the college; a process which requires nearly as many debates and forms as an Act of Parliament, ere the latter can become the law of the land. Now, it so happened, that the suggestion in the report, although now evidently but the "ingenious device" of cunning and disappointed malice, contained an opinion which I had long formed, and had often expressed, even while the office was filled by my predecessor of "illustrious rank and station." I accordingly seized upon it, and now being certain for once that I should not encounter opposition from Dr. Jacob and his colleagues, I succeeded in making it the substance of a by-law of the college. There was no need of my doing so. I could have prevented, by the opposition that I could command, the passing of the law. Or, by my acting even a neutral part, the chances are that the suggestion in question would have fallen to the ground, as did the greater part of the other suggestions contained in the same report. I *preferred*, as I have said, to pass the law. In this I acted against the opinion of several of the highly-respected and respectable majority, who, by their kindness, had determined my election. But really I was not without pity for the continued spleen evinced by my "illustrious predecessor," and having secured the college, and my own supporters, from the effects of this "rank and station, and his capacity for the effectual discharge of responsible duties," I was glad to liberate the college from the danger and inconvenience of an annual contested election; besides, I was not unwilling to be released from the cares of an office which occupied more time and gave more trouble than were convenient, and which nothing but a sense of public duty had made me hold for a single day.

Having thus paved the way for my resignation, I addressed the following letter to the college:—

"Mr. President and Gentlemen,

"When you elected me assistant-secretary to our college, I duly appreciated the honour, and felt grateful for the confidence reposed in me. I have since endeavoured to perform the duties attached to the office with zeal, diligence, and impartiality. The increasing extent, however, of those duties renders it no longer possible for me to fulfil them with satisfaction to myself, unless at the expense of avocations elsewhere.

"For some time I have been of opinion that it would be more convenient to require the registrar to be your assistant-secretary also; an arrangement to which the college has recently given the sanction of its approval. This, by removing all chance of inconvenience to the college, removes also the sole impediment which has for some time prevented my resignation.

"Under these circumstances I beg the college will allow me, with every feeling of respect, to return to their hands the trust which they were kind enough to repose in me. I have the honour to be, Mr. President and Gentlemen, your obliged and humble servant,

"T. Gerrard Small.

"To the President and Members of the Royal College of Surgeons in Ireland, &c. &c. &c., by the then President, my friend, Mr. Adams."

The preceding letter was read at the very next meeting of the college that took place after I had succeeded in passing the by-law; Mr. Tagert, the present vice-president, thereupon moved the following resolutions, in which he was supported by Mr. Collis and Dr. Alcock:—

"Resolved, that Dr. Gerrard Small's resignation be accepted—that his letter of resignation be inserted on the minutes—and that the thanks of the college be given to him for the very efficient discharge of his duty as assistant-secretary." These resolutions all passed unanimously, in the presence of Drs. Jacob and Maunsell, and yet, three months afterwards, they have the unblushing effrontery to come forth, and, in the teeth of facts, to scatter thus their impotent venom, and to deal forth their scandalous insinuations, which they never could have uttered,

had they possessed one particle of delicacy, or one iota of the essential characteristic of the historian; and all to gratify a resentment, and indulge a sense of disappointment, which they had never, and never could have felt, if they possessed the slightest dignity or generosity of mind.

It is painful, Sir, to be obliged to write thus of professional brethren; it is painful, too, to be dragged thus from one's retirement before the public; but there is no alternative; for the misrepresentations of calumniators, however contemptible they may be, and the insinuations of the revengeful, however one may scorn and defy them, are too apt to be considered as having some foundation in fact, unless their falsehood be exhibited, and the malicious animus that suggested them, be held up to public infamy. The desire to stand well in the opinion of the respectable part of whatsoever society one has communion with, is a principle inseparable from every well-regulated mind.

I trust to your innate love of justice, and that liberality which has ever been the characteristic of THE LANCET, to give insertion to the preceding faithful sketch of what has been so shamefully misrepresented. I remain, Sir, your humble and obliged servant,

T. GERRARD SMALL.

Merrion-square West,
Jan. 23, 1841.

[The following letter, dated February 8th, relates to the foregoing communication, which was last week omitted, from want of room. The present letter the author expresses a particular desire to be inserted]:—

To the Editor of THE LANCET.

SIR:—I am disappointed, as well as placed in a very awkward position, by the non-fulfilment of your promise, "that Dr. Small's communication shall appear next week," &c., in your Number for the 6th February. Your having mentioned my name thus in your list of correspondents, has, apparently, connected me with the authorship of two letters from Dublin, the only Irish articles that appear in that Number. Without expressing any opinion at all on the nature or merits of these, I hope the mention of the fact will be sufficient to guarantee the publication of my letter.

I am sorry to trouble you, or the public, with what merely concerns myself; but it is very unpleasant to lie under such imputations as Drs. Jacob and Maunsell have laid at my door; and my reliance on you to refute and rebut them, has prevented my recurring to any other medium.

I trust to your candour for the insertion of this also, in order that I may be placed in my true position in reference to the two communications that have appeared in THE LANCET of the 6th February. I have the honour to be, Sir, your obedient servant,

T. GERRARD SMALL.

2, Merrion-square West, Dublin,
February 8, 1841.

"A LOOKER-ON" AND DR. BLAKE.

To the Editor of THE LANCET.

SIR:—Dr. Blake will not do himself justice. Why will he continue to harp upon the threadbare, garbled quotation from Mr. Hill's book? I can understand how painfully he must feel the suppressed part of the quotation, viz., the necessity of a *properly-constructed building* to supersede restraint, and his annoyance that the Nottingham Asylum is not of an order of architecture admitted into *utopia*; but that does not justify partial extracts to the injury of the fair fame of a deserving man. He pursues the same course in his quotation from the Hanwell report. The visiting justices, following the principle laid down by Dr. Conolly, abstain from the expression of a dogmatical opinion, that restraint can, in all cases, be dispensed with; but it does not follow that their confidence in the system is abated; on the contrary, they say in terms, that no one circumstance has occurred since their last report to diminish their confidence in their ultimate success, but many to increase it.

There is much more matter in the letter of his friend, Dr. Browne, though one cannot but smile at the mutual compliments which the two writers (like Noodle and Doodle in Tom Thumb) pass upon each other. Dr. Browne is an antagonist worthy to break a lance with, the ablest defender of the humane system, or, I should rather say, has been himself, by his valuable work, one of its ablest friends. He makes, also, a great admission when he admits, as a principle, *that restraint may* in all cases be dispensed with. His second principle, as he terms it, namely, *that the absence of restraint affords no guarantee or proof of the absence of cruelty*, is no principle, but a truism. The true question is, whether it be necessary to use cruelty to supply the place of restraint, not whether it may be used; and the promoters of the humane system declare that it is not. Where the truth lies can only be tested by experience.

With respect to the three instances of restraint adduced by Dr. Browne, it is a mere caricature of the non-restraint system to suppose that the first could fall within its provisions. If a man cut his throat, and can only be kept from bleeding to death by absolute absence of all motion, why he must be kept still and quiet by bonds, whether sane or insane, if he cannot otherwise be kept still. To decide otherwise, would be as reasonable as the judgment of the profound lawyer of Seville, who condemned a

surgeon to death for using a lancet to a patient who had dropped in a fit, because, by the laws of Seville, it was a capital offence to draw blood in the public street. So of the third instance, unless the habit alluded to could be prevented by a strong ticking dress, covering the parts, and removed occasionally for the purposes of nature, the hands must be restrained; but restraint is in such case for a medical purpose wholly independent of maniacal paroxysms. I have a friend, in possession of his perfect senses, whose hands are nightly incased in muffs, to prevent him from scratching an excrescence on his nose. Dr. Browne's second case is more doubtful; the patient it seems had a relaxation of his bowels. Who can say that the recumbent posture was not very painful to him, and that a sitting or leaning position did not give him relief? The nature of the restraint is not mentioned by Dr. Browne; but, I presume, his ankles and arms were fastened, and a belt and chain round his body, for otherwise I do not understand how he could be kept in a recumbent posture after he had been "*dragged*" to the bed. In such a case, might not two mattresses, forming two inclined planes, and meeting at the bottom in an acute angle, so that the patient must recline on one or other, or stand up in an uneasy position without support, be an useful contrivance? I only throw out the idea. It will be met fairly by Dr. Browne. I would ask Dr. Browne, in conclusion, if he has read Dr. Conolly's report, and noted his observations upon the peculiar character of the Scottish nation? Science would be greatly indebted to Dr. Browne, if he would favour the public with an article on that subject. I am, Sir, your obedient servant,

A Looker-on.

February 8, 1841.

THE SMALL-POX PLAGUE.

To the Most Noble the Marquis of Normanby.

My Lord,—We cannot read, without deep interest, the reports which from time to time emanate from the officials of important institutions, especially those which minister to the health, comfort, and safety of mankind. The returns which have been lately brought before the Medico-Chirurgical Society, by Dr. Gregory, must, therefore, excite the most serious reflection in the mind of every one who listened to or peruses them.

Their fidelity can no more be questioned than their extreme importance, indicating as they do the comparative prevalence of small-pox during the last quarter. Without commenting, at present, on the general effect of the Vaccination Bill of the last session, I may remark that, in the metropolis, in spite of its influence, a severe epidemic variola is at this moment prevalent.

The report judiciously avoids an investigation into the merits of the Bill for the purpose of drawing deductions. As, however, a *primâ facie* view of it may tend to weaken faith in the power of vaccination, I am anxious, in this brief address, to endeavour both to avert this impression and to engage your lordship's attention to the importance of *inoculating*, at least, the necessity of a *general vaccination*.

I will not enter here into any lengthened arguments on the point; an occasional hint to your lordship's mind may, perhaps, be more efficacious; I will, therefore, presume to draw a brief analysis from the report itself.

It appears, that of the admissions into the Small-pox Hospital, about 45 *per cent.* of fatality from variola occurs in the *unvaccinated*, and 7 *per cent.* in those who have been *subject to the process of vaccination*.

It may thence be fairly inferred, that if none had been vaccinated about *one-half* would die; while if all had been vaccinated, the consecutive variola would be followed by a mortality of 13 per cent. only. This is taking it at the worst; but I believe this mortality would have been very much further reduced, if all cases had been *judiciously* vaccinated.

The blind followers of Moseley, and the wilful opponents of Jenner, will argue, that if variolous *inoculation* were prevalent, its check on *natural* small-pox would diminish this fatality. My lord, this would be very trifling; for, if we consider the very great mortality from small-pox previous to the introduction of vaccination, and that each variolous inoculation becomes a *new focus of contagion*, the fatality would approach very closely to that recorded in the report.

Contrast this with the diminution of those foci, by a general vaccination, added to its modifying and preventive influence, and we should diminish the fatality of small-pox almost to nothing; less, indeed, than that resulting from many disorders that excite no anxiety. Nay, let a cool judgment reflect on this, and it will have a glimpse of the complete annihilation of the *plague* of this country,—small-pox.

If plague be prevalent, or even strongly suspected, precautionary measures are directly adopted: quarantine is established, cordons are drawn, and vinegar ablutions are enforced. Even during the prevalence of non-contagious cholera, cordons were formed around the malarious districts, and yet the neglect of similar measures in small-pox is slighted now.

If small-pox were only to be produced by *inoculation*, it would be enough to pass a penal enactment against such inoculation; but it is not so; and yet the Legislature has contented itself with this.

If plague were raging, would it suffice to render it a crime against the state to inoculate from the matter of a bubo, and deny to suffering humanity one precautionary or sanitary measure against its atmospheric propagation; and, if an antidote were discovered, would it be virtually withheld? And yet the Legislature acts on this very principle.

My lord, the argument which is valid in plague is so, to a degree, in small-pox, and our mere prevention of inoculation will be but a dead letter, if it be not conjoined with the universal extension of vaccination. I have the honour to be, my lord, your lordship's most obedient servant,

WALTER C. DENDY.

Stamford-street.

PRURITUS ANI.

To the Editor of THE LANCET.

SIR:—I have much pleasure in being able to give your correspondent, "A Subscriber," an instance of the successful treatment of this troublesome complaint. From the age of eighteen to twenty-eight, I was myself a sufferer from it. I was but little troubled with the violent itching during the day-time, but a few minutes after getting into bed it came on most unmercifully, the whole region of the anus being in a state of excessive irritation. To prevent scratching the part affected was quite impossible, and this produced great soreness till the period of irritation came round again. I consulted several medical gentlemen, but without success. I at last applied to Mr. James Morss Churchill, a skilful surgeon of this place, and one of the authors of the "Medical Botany," whose advice in the case was followed by the most agreeable result. Before going to bed, I sat for half an hour over an utensil containing hot water, adding more hot water from time to time as it cooled. After the part affected had thus been thoroughly steamed, I applied a strong infusion of tobacco, and retired to rest. In about two weeks, to my great delight, I considered myself cured, and discontinued the remedy. The complaint, however, was not completely eradicated, and gradually returned: I then gave the remedy a fairer trial, persisting in it for at least three weeks; but on this occasion, instead of using an infusion of tobacco, which was disagreeable on account of its staining property, I applied Gowland's lotion, which I continued to use for a week or two after I had left off the steaming process. I thus obtained a perfect cure, not having had the slightest symptom of the complaint for several years. I shall be very glad if the publication of this case should be of service to any one suffering under an affection so extremely annoying as pruritus ani. I am, Sir, your most obedient servant,

X. Y. Z.

Colchester, Feb. 6, 1841.

*** This letter has been authenticated.

APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR:—You would oblige me by replying to the following questions:—

1. Since the year 1815, to the August of 1840, the enormous sum of £67,980 has been paid to the Apothecaries' Company, as fees for licenses to practice. To what purpose has this money been appropriated?

2. What are the qualifications requisite to become an examiner at the Hall?

3. Is it necessary that an apothecary, practising in the city, should be *free* of the city?

I remain, Sir, yours, &c.

JAMES ANSON.

ANSWERS.

1. After the paying the expenses of the establishment, the surplus is distributed amongst the examiners.

2. No person is eligible to become an examiner, if he be not a *member* of the company. We are not aware that any mental qualifications are requisite.

3. Yes.—[ED. L.]

"LOST HATS."

To the Editor of THE LANCET.

SIR:—About a fortnight ago, I went to one of the ordinary meetings of the Royal Medical and Chirurgical Society; the rooms were very much crowded, and there were a great number of strangers present. When the meeting broke up, I heard several gentlemen complaining that "they could not find their hats;" and, on looking for my own, I found that it also had disappeared, and in its stead was left a shocking bad one! I, consequently, made sundry inquiries of the attendants, and was informed that some of the "visitors," most probably, had taken mine, as well as the others, by "mistake," and they would be restored, no doubt, to the rightful owners, in the course of a few days. Another meeting has taken place since, but no "hats" have been returned, and myself and my fellow-sufferers have been obliged to buy new ones. I hope that "visitors" will be more careful for the future. I am, &c.

MEDICUS.

SMALL-POX.

Five hundred and forty persons died of small-pox in the eight weeks ending January 16th; six had previously had an attack of natural small-pox; four had been inoculated for small-pox; eighty had been vaccinated, and four hundred and forty-eight had not been vaccinated.

Ages of the Eighty Persons who had been Vaccinated.

From	2 to 6 months	6
	6 to 12 „	11
	1 to 3 years	16
	3 to 5 „	13
	5 to 10 „	11
	10 to 15 „	2
	15 to 20 „	7
	20 to 25 „	4
	25 to 30 „	5
	30 to 35 „	3
	35 to 40 „	2
	Total	80

CONFERENCE ON MEDICAL REFORM.

The Delegates appointed by the Medical Reform Associations have continued their labours with unceasing assiduity, and have been engaged in discussing such general principles of Medical Reform as the condition of society and the state of the profession require. The following we believe to be a correct list of the Delegates who have been appointed to take part in this conference. The Associations are arranged in alphabetical order:—

1. *British Medical Association*—Dr. Webster, Professor Grant, Mr. Davidson, Dr. Marshall Hall, Mr. Evans, Dr. R. Dundas Thomson.

2. *Cornwall Medical Association*—Mr. Grainger and Mr. Pilcher.

3. *Devon Medical Association*—Mr. Smith.

4. *East of Scotland Medical Association*—Professor Sharpey.

5. *Glasgow Medical Association*—Mr. Farr.

6. *Gloucestershire Medical Association*—Mr. Rumsey.

7. *Irish Medical Association*—Mr. Carmichael, Dr. Maunsell, Dr. M'Donell.

8. *North of England Medical Association*—Mr. Carter, and Secretary to the Conference.

9. *Provincial Medical and Surgical Association*—Dr. Macartney, Dr. Barlow, Dr. Forbes, Dr. Cowan, Dr. Hennis Green, Mr. Crosse, Mr. Ceely, Mr. Wickham.

SIR ASTLEY COOPER.

We regret to announce that this distinguished member of our profession has been gradually getting worse during the past week. He is labouring under hydrothorax, and has been unable for many days to assume the recumbent position. But faint hopes are entertained of his recovery.

TO CORRESPONDENTS.

The letter of *Philalethes* is smart and clever; it is also unjust towards an establishment that is likely to effect a reform which must prove most gratifying to every friend of humanity.

M.R.C.S. Yes, certainly.

The letters of *Mr. Smethurst* and *Mr. Searle*, next week.

The copies of the Northern paper, containing the timely letters on medical reform, by Dr. Kelso, have reached.

Foreign Graduate. Yes, as physicians; this is in answer to the first question. To the second we reply, the "restrictions" now contemplated would extend to such graduates, unless they also held a diploma either from an English, an Irish, or a Scotch University.

Investigator. If they were disputed in a court of law, the amounts of such bills could not be recovered.

It was not stated in what city or town the child had been killed by the "medical mixture."

J. J. should apply to his medical adviser. We do not know to what instrument he alludes.

The letter of *Chirurgus* on the vaccination abuse, as managed by the Poor-law Guardians, adds one to the numerous communications on the same subject which we are receiving daily from every part of the country. It is truly ridiculous to compare the examination of factory children and recruits with the delicate and important operation required for vaccination, and is another proof of the utter incapacity evinced by Boards of Guardians of comprehending the nature of medical duties.

Communications have been received from *Mr. Howitt; Brutus; Gewgaw; An Apothecary; One of the Profession; Mr. Hodgson; X. Y. Z.*

Erratum.—In the letter of "A Looker-on," last week, page 682, at the commencement of the third paragraph, erase the *not*, and read, "It is my fervent hope and prayer that Hanwell *may perish* in giving birth to her glorious offspring."